

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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\*  
**WHITEHALL**

The latest proposals from the Medicines Control Agency to deregulate loperamide, miconazole and benzoyl peroxide for GSL sale will not go down well with pharmacists. With the move from the same organisation to restrict OTC analgesic sales, and this week's news that the Committee on Safety of Medicines wants to reclassify terfenadine as a Prescription drug, the MCA is sending out some pretty contradictory messages. Of course, having set up the deregulation process, it is partly a victim of its own procedures. Any company or organisation can apply to switch a compound once it is out of patent. No one is owning up yet to the current batch of applications, well aware of the likely impact on any business it might have in pharmacies. However, it is worth bearing in mind that the CSM will have looked at the proposals, and it is rare for them to be reversed once they have gone out to consultation. The NPA rightly expresses its concern with the "drip, drip, drip" of medicines onto the General Sales List. Is the P category now being viewed merely as a staging post on the way to the garage forecourt and the corner shop?

Such issues make Resale Price Maintenance on medicines even more important. The news that the OFT will not now be seeking leave for a review until June is an interesting development. The OFT denies that the election has anything to do with the delay. However, the Labour Party manifesto calls for an early review of competition law, and the Tory competition bill killed off by the election had all-party support. Shadow health secretary Chris Smith has said he believes that RPM plays a valuable role in safeguarding the position of local pharmacies. Until the OFT starts legal proceedings, the director general can review his decision in the light of developments. In the meantime, pharmacists should make the most of the opportunity to lobby parliamentary candidates and their new MPs after May 1.

## CHEMIST & DRUGGIST

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# CHEMIST & DRUGGIST

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## Price increase correction

The price increase shown in the April 19 Price List supplement for Otex ear drops (PIP Code 205-2330) is effective from May 1 and not April 21 as shown. We apologise for any inconvenience.

## Homoeopathic pharmacists

The latest Medicines Control Agency newsletter, MAIL 100, lists the membership of the Advisory Board on the Registration of Homoeopathic Products. Among the 12 members, are the following pharmacists: Dr Michael Berry, Dr Steven Kayne, Felicity Lee, Catherine Picton and Dr Eileen Scott. The Board is chaired by Dr Brian Kirby.

## PRS on the move

Practice Resource Systems, the developer of Health Plus, has moved to Cherry Orchard West, Kembrey Park, Swindon, Wiltshire SN2 6UP. Tel: 01793 526777.

## Chitosan challenged

The Advertising Standards Authority has upheld a complaint against an advert for chitosan which challenged the use of the words 'fat-absorbing', saying that the claim was made without evidence. The judgement is given in this month's ASA report. Manufacturer Vitamins Direct has already amended the advert.

## 'File on Four'

'File on Four', Radio 4's flagship documentary programme, has suggested that there may be collusion between patients and doctors in prescribing drugs of potential abuse. The programme interviewed several people who may have suffered as a result. It also recorded in a pharmacy, where patients were asking for opiates.

# Loperamide and miconazole to become GSL medicines?



Loperamide, miconazole and benzoyl peroxide are set to become General Sales List medicines if the latest proposals from the Medicines Control Agency are accepted.

In consultation letter MLX 237, issued on April 15, the MCA is proposing that the drugs may be safely supplied without either Prescription or Pharmacy control under certain conditions. The changes are expected to come into effect by September 30.

The conditions proposed for GSL sale are listed below.

### Loperamide hydrochloride:

- used for the symptomatic treatment of acute diarrhoea, in adults and children over 12

- maximum strength 2mg per dose unit, with a maximum dose of 4mg and a maximum daily dose of 12mg

- pack size limited to 6 x 2mg tablets or capsules.

### Benzoyl peroxide for topical use:

- maximum strength 2.5 per cent
- for external use, for the treatment of spots and pimples on the face.

### Miconazole nitrate for topical use:

- maximum strength 2 per cent for cream or powder, and 0.16 per cent for spray powder
- for external use for the treatment of athlete's foot.

To allow a smoking cessation aid to be deregulated from P to

GSL, it is proposed to amend the GSL order as follows:

- to list menthyl valerate with a maximum strength of 100mg and a maximum dose of 200mg
- quinine base to be listed with a maximum dose of 35mg
- camphor's maximum dose to be increased from 10mg to 20mg.

National Pharmaceutical Association director John D'Arcy says he is worried by the "drip, drip, drip" extension of the General Sales List. As far as the NPA is concerned, all medicines should be sold through pharmacies.

Comments should be addressed to Dugan Cummings, Medicines Control Agency, Room 1109a, Market Towers, 1 Nine Elms Lane, London SW8 5NQ, by May 27.

## Still time to lobby on RPM issue

The Office of Fair Trading now plans to put its case to abolish Resale Price Maintenance on medicines to the courts in early summer, probably during June.

The OFT had intended to start the legal ball rolling in April, but a spokesman admitted that its application had "fallen behind".

Assuming the court grants leave for the OFT's application, it is now unlikely that a substantive stage of the proceedings will get under way before November.

Meanwhile, the Community Pharmacy Action Group is encouraging pharmacists to lobby parliamentary candidates on RPM in the electoral run-up.

"CPAG feels the issues are

becoming better understood, but that candidates want to hear the message first-hand from pharmacists," says the National Pharmaceutical Association's John D'Arcy.

- There is substantial cross-party support from candidates for protecting local pharmacies from the abolition of RPM.

Three-quarters of candidates responding to a survey from the CPAG said RPM should not be tampered with if it threatened community pharmacies.

Six hundred responses were received, with 83 per cent of Labour candidates, 78 per cent of Liberal Democrats and 56 per cent of Conservatives agreeing that RPM should be maintained.

## Pharmacist ADR reporting update

The Centre for Pharmacy Postgraduate Education has prepared an addendum for its adverse drug reaction distance learning pack, which will be available at the end of this month.

The pack now includes a special section on reporting by hospital pharmacists. Each of the postgraduate education centres in the UK will be arranging distribution of the packs for hospital pharmacists.

Community pharmacists from the Mersey, West Midlands and Northern regions who are involved in the ADR reporting scheme should apply for a copy of the new pack using the card included in the Medicines Con-

trol Agency's information pack.

Each community pharmacy in the reporting regions will be receiving two MCA information packs. Community pharmacists in Wales should contact the WCPPE in the usual way.

The CPPE plans to incorporate the addendum into the next edition of the ADR distance learning pack, due out this autumn.

All queries related to the content of packs should be referred to the appropriate centre:

- CPPE (England) 0161 275 2324
- WCPPE (Wales) 01222 874784
- SCPPE (Scotland) 141 552 4400, ext 4273/4
- NICPPET (Northern Ireland) 01232 272141.

# CSM warns on terfenadine P to POM move

The Committee on Safety of Medicines is proposing to bring the antihistamine terfenadine back under Prescription Only control.

In a letter which was understood to be ready to post out to pharmacists and doctors this week, the CSM says that despite measures taken to date, serious adverse drug reactions are still being reported.

"It is clear most of these could have been avoided... it is unlikely that terfenadine can be used safely as an alternative non-sedating antihistamine without medical supervision," the CSM says.

The Medicines Control Agency, it is understood, will be sending out a consultation letter on the proposal in the near future.

The CSM's letter also includes information sheets to be supplied to patients, and guidance to doctors and pharmacists.

The Royal Pharmaceutical Society, prompted by the CSM's move, has issued the following advice to pharmacists:

- keep terfenadine-containing medicines in the dispensary
- ensure every request for a terfenadine product is dealt with personally by a pharmacist
- provide every person to whom it is appropriate to provide a terfenadine preparation with a copy of the 'information to patients' leaflet supplied by the CSM.

The information leaflet also says that astemizole has the potential to produce serious cardiac arrhythmias in certain circumstances and that its status is being kept under close review.

While the CSM suggests there is insufficient evidence to justify putting it back on the POM list, the RPSGB is firmly of the opinion that all requests for astemizole products should be dealt with by a pharmacist.

Secretary and registrar John Ferguson says: "It is important that pharmacists should demonstrate that effective control can be exercised by them when a medicine is restricted to pharmacists for sale."

Since the decision on whether to reclassify terfenadine as a POM will not be taken for some months, in practical terms pharmacists have been given the responsibility to manage the situation during this year's hayfever season, he points out.

Branded products containing terfenadine include Aller-eze Clear, Seldane, Triludan and Triludan Forte.

# N Ireland to hear details of PSNI's 'Vision 2020' over next few weeks

In 2020, pharmacists working in primary care will be located within community pharmacy practices and will be established and recognised as the experts on medicines and disease prevention.

President Dorothy Graham spelt out the Pharmaceutical Society of Northern Ireland's vision for the future at its annual dinner last weekend (see p16).

"I have a firm belief that pharmacists will not become extinct, but will show their ability to adapt and flourish in a rapidly changing healthcare environment. These changes may even lead to adequate financial reward for the role which they successfully fulfil," she said.

● Terence Hannawin was presented with his fellowship certificate at the dinner. Mr Hannawin had put Ballynahinch, his home town, "on the map", said Mrs Graham. His pharmacy career started with vacation work at Boots Soho branch, where he "gained a very varied experience in all walks of life". After qualifying he worked in Bedfordshire for two years before returning to

the family business. He is a past president of both the PSNI and the Ulster Chemists' Association and has also chaired the Pharmaceutical Contractors Committee.



Terence Hannawin, who received his fellowship certificate from the president, Dorothy Graham, at last weekend's PSNI dinner

# Two-thirds of HAs report script fraud

Two out of three health authorities have reported cases of prescription fraud in the preliminary results of a survey by the Healthcare Financial Management Association, which represents finance and accountancy executives in the NHS.

The bulk of suspected irregularities are of the order of a few thousand pounds, but there are a handful of cases where the sums involved are over \$500,000, according to the HFMA's John Flook.

Detected fraud in the NHS stood at \$1.1 million in 1995/96, with primary care being the area identified by the Audit Commission to be most 'at risk'. Prescription fraud is estimated by the NHSE to cost between \$30-\$60m a year.

A Department of Health efficiency scrutiny, set up last November to assess the scale of fraud perpetrated by GPs, pharmacists and patients, will not be reporting to ministers with rec-

ommendations until after the election.

"It is very difficult to put precise figures on the level of these things. If a case does go to court, it may only have been investigated over a period of one or two years, sufficient to prove the case. Often records are not available. The way some regulations are framed makes it virtually impossible to detect and investigate irregularities," comments Mr Flook.

Historically, he says, family health services authorities were not adequately resourced to monitor payments to contractors. This has begun to change with the merger with health authorities. The rise in the prescription charge also has a material effect.

The results of the full survey, which also seeks finance officers' views on the regulations, and ways of detecting and deterring fraudsters, are to be published in June.

# Pharmacists go walkabout at 30?

A significant number of pharmacists are leaving the profession at around the age of 30, suggests Bob Gartside, chairman of Employee Pharmacists in the Community.

Mr Gartside has looked at ages and numbers of pharmacists on the Register between 1990-91, and identified a fall in numbers, which starts after pharmacists reach the age of 30.

Breaking the categories into age ranges, there are about 1,800 pharmacists aged 30-34. Aged between 35-39 there are 1,700, aged 40-44 are 3,600, and aged 45-49, 3,000.

"Are pharmacists really dying off at that rate?" queried Mr Gartside. "What you have here are people walking away and almost certainly forever."

It is likely that people leave the profession at 30, but continue paying the retention fee for another five to ten years as a form of insurance, he suggested at the Institute of Pharmacy Management conference held last weekend (see also p19).

"Pharmacists are not captives within the profession," he said. Although a young graduate is offered a big incentive to join a business, there is a naive belief by employers that those taken on at the age of 23 will stay until they are 60.

A fact that is not well recognised, said Mr Gartside, is that a significant proportion of pharmacy graduates do not even register: this figure is between 10 and 15 per cent.

Pharmacists want an end to locum-run pharmacies, he said, having researched employee views for EPIC. Pharmacies continually run by locums are not felt to reflect well on the profession, he said. Employees also want a career structure with a management which will understand their problems.

Pharmacist employees are also feeling exploited. Almost a quarter of community pharmacists work for 60 hours or more each week, he claimed. "This is insupportable," said Mr Gartside.

International comparisons of workload on pharmacists, country by country, suggest that there are wide variations across Europe:

- average prescriptions per head of population fall between 5.7 and 52.2
- the number of pharmacists per 100,000 population varies between 15 and 142
- average annual prescriptions per pharmacy range from 4,000 to 72,000.

## CPP unveils professional development programme

The College of Pharmacy Practice has launched its new professional development programme which allows members to develop professionally from undergraduate level through five stages to CPP fellowship level, through associate, member and advanced award stages.

Both the advanced award and fellowship stages are new. Members must have a minimum of ten



**David Anderson, chairman of the College of Pharmacy Practice**

years' experience in practice to be eligible for the advanced award stage. The advanced award can either be gained by examination on a specialist subject or by submitting a college portfolio.

The cost of this stage is \$150-\$200 and it takes about six months to complete, depending on experience and writing ability.

There is also an advanced award fast-track entry scheme by practice, available to senior figures in the world of pharmacy.

To apply for the fellowship stage, applicants must have an advanced award, a higher post-graduate degree (for example, an MSc or a PhD), or 30 refereed publications to their name. Of the 1,000 CPP members, 360 would be eligible to apply for the fellowship.

## Enfield promotes family planning

Pharmacists are being involved in promoting emergency contraception and preventing unwanted pregnancies in Enfield & Haringey Health Authority.

The north London HIA is sending out information packs with leaflets, posters and information sheets. Patient information leaflets with details of local family planning clinics will be available from pharmacies and libraries.

The campaign started last week and will run for two months. The HIA is hoping for wide distribution of the material in GP surgeries, as well as pharmacies.

# YPG issues discussion brief on NHS prescription levy

The Young Pharmacists' Group has put forward six alternatives to the prescription levy for discussion. It is hoping that the prescription could become an election issue.

Calling the present system unfair and an unreasonable tax on the sick, the option the YPG favours most is abolishing all prescription levies, in line with the aims of the NHS when set up in 1948.

Other proposals the YPG has put forward are:

- to link the NHS levy to the payment of national insurance contributions – this will relieve the pharmacist of collecting the levy and means that payment does not need to be made at the point of healthcare delivery
- to have a uniform flat rate of 80p per prescription payable by everybody, although this could penalise the 80 per cent of patients who are currently exempt
- to allow pricing guidelines for private prescriptions to be set

centrally by the Royal Pharmaceutical Society, and to encourage GPs to issue private prescriptions for items lower than the NHS levy

● to have a national formulary based on best buy/clinically preferred drugs available on the NHS, and to have non-formulary drugs attracting a prescription levy

● taking out an opted out private endowment health bond, run in a similar way to people opting out of SERPS.

## Prescribing projects worthwhile

Participants in the 17 prescribing advice projects funded by the Department of Health last year generally thought the exercise was worthwhile. It improved relationships with GPs, increased pharmacists' job satisfaction, helped patients and – in many cases – saved money.

These were the initial impressions of Diane Kennard, principal pharmacist at the NHS Executive's community pharmacy policy branch. At a conference in London this week, she said spin-off benefits were that pharmacists got involved with GP practices in other ways, such as helping patients at asthma clinics. This gave GPs increased confidence in pharmacists' ability to deal with minor illness.

The greatest drawback was the heavy time commitment. Pharmacists had problems with locum cover and there was some conflict over prescribing cuts affecting dispensing income.

There was a wide variety of projects from advising on generics and setting up formularies to carrying out individual patient medication reviews. Some projects paid for themselves several

times over. In the Wirral, projected annual savings were estimated at about \$190,000 for six practices against an annual cost of \$60,000. A 'brown bag' project in Devon identified \$6.40 per patient of waste.

But in some cases doctors were reluctant to disrupt patients' long-term therapy or change what the hospital consultant recommended. Most GPs said they would not want to pay for the service.

Issues which would have to be examined for any future schemes include funding, which models to use, and which pharmacists and patients should take part.

Ms Kennard was confident that there would be local purchasers for these services, possibly using money set aside from prescribing allocations budgeted for 1997-98, as many participants did not wish to lose momentum. Meanwhile, this year's pilots on repeat dispensing would increase pharmacists' involvement in medicines management.

"If community pharmacy does not engage in this sort of agenda, then the future is not as bright as it could be," she said.

## Six Mersey LPCs form local association

The Department of Health's chief pharmacist, Bryan Hartley, is to be the speaker at the Mersey Association of Local Pharmaceutical Committees' first regional conference at Haydock, June 18.

The Association last week elected Pharmaceutical Services Negotiating Committee vice chairman Steven Williams as its chairman. Jeremy Clitherow was elected secretary.

The Association comprises of

the six LPCs in the Mersey area: St Helens & Knowsley, Cheshire North and South, Wirral, Sefton, and Liverpool.

The Association has been set up in response to the devolution of services to local level.

The PSNC is examining the feasibility of a regional LPC structure. The issue was raised at the LPC conference, and PSNC is currently waiting for feedback from LPC secretaries.

## Guild seeks higher profile

The Guild of Hospital Pharmacists is looking to increase its autonomy within the MSF (Manufacturing Science Finance) trade union. The Guild wants to develop cost centre budgeting and to increase its profile within the MSF, says president Chris Cairns.

There is a recruitment gap at junior levels of the organisation, according to a recent Guild survey of members. The majority (60 per cent) occupied grade D or E posts, and 68 per cent have been signed up for more than five years.

Recruitment officer Gerry Wilson will be targeting the junior grades in the future.

● The Guild rejected a motion at its annual meeting on April 12 to change its name to the 'Guild of Healthcare Pharmacists'. However, a group of more than 40 members was able to invoke a constitutional clause which will ask the whole membership whether they want a ballot to change the name.

"Should there be a name change, the Guild has no intentions of marketing itself to community pharmacists," says Mr Cairns.

● The Guild is setting up a third special interest group for compounding pharmacists. The aims of the group will be to advise on professional issues relating to pharmaceutical compounding, and to improve the compounding skills of hospital pharmacists.

Anyone wishing to become a member of the group should contact Paul Grasby, tel: 01222 700929.

## The ever-spiralling costs of fair justice

At this time of year, the organisations which indemnify doctors against litigation announce their annual subscriptions. Over the past few years, the cost of these subscriptions for GPs has spiralled higher and higher as more people look to the courts for compensation over a medical mishap.

For GPs, the rises in subscriptions are usually well above the rate of inflation. In fact, some organisations which have just announced this year's rates are having to introduce double digit percentage increases. Over the coming year, a full-time partner in general practice will have to fork out around \$1,500 to \$2,000 for full cover.

This sum comes out of GPs' pockets, though reimbursement does find its way back indirectly through the expenses portion of their pay. However, few GPs will quibble with that kind of premium. One large organisation has stated that it had a number of cases where GPs faced claims of greater than \$1 million.

## Many GPs feel the system is in need of an overhaul

It's not just the size of the payouts which add to the costs. Support lines to handle GPs' questions, lawyers expenses and day to day running costs all mean that medico-legal services are not cheap. Although doctors are effectively insured, they are not insulated from the stress that such a claim brings. The taxpayer also has a huge bill in legal aid costs and patients may have to suffer the risks of defensive medicine.

Defensive medicine means over-treatment and over-investigation of problems to ensure nothing is missed. A mistake, even honestly made, can be a nightmare for a GP. Undeniably, patients must have the right of redress when a mistake occurs, but many GPs feel the system is in need of an overhaul. Many patients also agree; if a person or family wishes to pursue a legal claim against a GP, then, without legal aid, the costs may be beyond their reach.

The distribution of fair justice is never easy, but litigation against GPs is rising at a phenomenal rate. This problem must be addressed, and the Government must also take an active role. After all, they often have to pick up the tab for much of the expenses.

*By Dr Harry Brown, a GP practising in Seacroft, Leeds.*

# Topical Reflections



## If the tail starts to wag the dog ...

The National Pharmaceutical Association must consider it a feather in its cap to have secured the membership of the whole of the enlarged Hills Pharmacy Group, because, with this decision, it can now boast 90 per cent of all UK pharmacies as members (*C&D* April 19, p5).

However, the NPA is not just a business services organisation but one which also advises its members on professional and commercial policy. In the past, its voice has been positive and often decisive in supporting independent pharmacy against threats by its more powerful adversaries.

Now the effort of trying to represent the diverse views of so many pharmacies could dilute that support to irrelevant posturing, but, alternatively, it could be used as a powerful weapon in the fight to maintain the integrity

of independent community pharmacy.

I view this vote of confidence by Hills with cautious optimism, because, regardless of their size, community pharmacies will only survive by co-operation and unity. A powerful NPA, backed by the largest numerical multiple in the UK, should be good news for all independents.

But if the tail is shown to be wagging the dog, then the NPA should not hesitate in divesting itself of what could then be a destructive partner.

## Hiccups in hayfever treatment

The potential problems associated with the use of both terfenadine and astemizole are such that I now rarely recommend either, and carefully counsel any customers requesting them.

How dangerous they actually are is irrelevant to the fact that, once sold, their use is outside of pharmaceutical or medical control, and that the probability of a macrolide antibiotic in particular being unknowingly prescribed, and therefore being taken concurrently, must be a risk.

The Royal Pharmaceutical Society now recommends that pharmacists should deal personally with all sales of terfenadine, and while I totally agree with this belated instruction to do what all pharmacists should already be doing, I consider the newer and safer alternative non-sedating antihistamines should be both recommended and prescribed.

Reinstating Prescription Only control would limit the potential problems, but the

only reasonable course is that both terfenadine and astemizole should no longer be recommended. Reasonable alternatives do exist, so with POM status and no further prescribing the problem would quickly solve itself!

## When will manufacturers listen to us?

Despite the apparent lack of any agreement for their rational introduction, patient packs continue to march inexorably across my dispensary shelves, taking up more and more space, I fear eventually I will need a new warehouse just to accommodate their enormity.

So far, I have accepted this problem with grudging resignation, because I know that original packs with comprehensive patient information leaflets must be an advantage over the old bulk packs of tablets ladled out by their loose hundreds into inadequately labelled bottles. However, last week I really lost my cool when a new batch of APS atenolol made its appearance.

For the last few months I have been specifying APS atenolol to my generics supplier because the price was competitive, the small boxes were half the size of the opposition and they fitted perfectly on my shelves.

Then, last week, disaster. APS has repackaged into enormous boxes for no conceivable benefit to anyone, least of all the patient. They are now double the size of everyone else's and take up huge amounts of space.

If there is a rationale behind much of the pharmaceutical industry's packaging methods, I have not been informed. Box size is just one problem, but all criticisms of dangerous identity similarities, non-calendar strips, illogical sizes, poor labelling space, appearance confusion, irregular blisters, etc, etc seem to fall on deaf ears.

It may be difficult to agree on a common format for all patient packs, but surely it cannot be difficult to design a pack which adequately addresses the very real problems community pharmacists encounter.

# SCRIPTspecials

## Kolanticon alert

Batches of Kolanticon Gel distributed last November and December have been recalled by Hoechst Marion Roussel because of a problem with resuspension. The batches affected are: AB0796 200ml (expires February, 1999); AC0696 500ml (expires January, 1999); and AE0696 500ml (expires January, 1999). Any affected stock should be returned to the supplier for credit or replacement.

**Hoechst Marion Roussel. Tel: 01895 837771.**

## Saventrine withdrawn

Pharmax will no longer be making Saventrine Tablets (isoprenaline hydrochloride) because of difficulties in the supply of raw materials, but Saventrine IV will continue to be made for the foreseeable future. Supplies are expected to be exhausted by the end of November.

**Pharmax Ltd. Tel: 01322 550550.**

## Two more from Ethical

Generic tramadol hydrochloride capsules 50mg and cefaclor capsules 500mg and 250mg are now offered by Ethical Generics. Details of prices and pack sizes from the company.

**Ethical Generics Ltd. Tel: 01635 568400.**

## Glaucol from Norton

Norton has introduced Glaucol Multidose Eye Drops (timolol), priced 10 per cent less than the Drug Tariff. They come in 0.25 per cent (5ml, £4.66) and 0.5 per cent (5ml, £5.24) strengths.

**Norton Healthcare. Tel: 01279 426666.**

## Chloromycetin acquisition

Chloromycetin Redidrops and Ointment have been acquired by Forley from Parke-Davis and full responsibility will be transferred from the beginning of May. Distriphar still handles the distribution for Forley products.

**Distriphar (UK). Tel: 01895 837750.**

## Dominion takes on Lotriderm

Dominion Pharma has taken over the distribution and marketing of Lotriderm Cream and Modrasone Cream and Ointment from Schering-Plough. From April 28 all queries and orders should be addressed to:

**Dominion Pharma. Tel: 01428 661078.**

# Nasonex for rapid relief of rhinitis

Schering-Plough has introduced Nasonex Aqueous Nasal Spray (mometasone furoate monohydrate 0.05 per cent w/w), a new once-daily, fast-acting intranasal corticosteroid for seasonal allergic and perennial rhinitis.

The spray's once-daily application and rapid onset of action are expected to increase compliance. More than a quarter of patients experience clinically-significant relief from rhinitis symptoms and the mean time for relief is 36 hours.

Nasonex is indicated for the treatment of the symptoms of seasonal allergic or perennial rhinitis in adults and children over the age of 12 years.

It can be given prophylactically two to four weeks before the start of the pollen season for patients with a history of moderate to severe seasonal allergic rhinitis. The dose for adults and children over 12 years is two sprays (50mcg/spray) in each nostril once daily. It should not be used in children under 12.

Once symptoms are controlled, the dose can be reduced



to one spray in each nostril daily. Where symptoms are inadequately controlled, the original dose can be increased to a maximum of four sprays per nostril, which is then gradually reduced.

Nasonex 200mcg daily has also been shown to be as effective and well tolerated as beclomethasone dipropionate 200mcg twice daily in seasonal allergic rhinitis and to be superior to fluticasone propionate 200mcg once daily in reducing nasal discharge and congestion.

Systemic effects are minimal and certain patient groups, such as the elderly, post-menopausal women and asthmatics (who may already be on inhaled steroids), may benefit. In studies, co-administration with loratidine produced no changes in plasma concentrations.

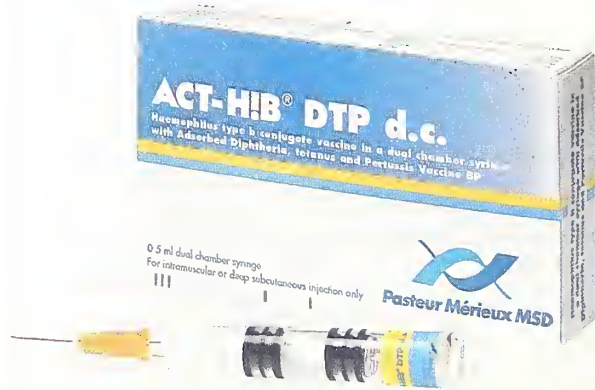
Nasonex is contra-indicated in cases of untreated infection of the nasal mucosa and following recent nasal surgery. Patients using the product long-term should be examined for changes in nasal mucosa.

When transferred from systemic corticosteroids, patients may initially experience signs of withdrawal, such as joint and muscular pain, and depression. They should be encouraged to persevere in using the spray. Withdrawal may unmask pre-existing allergic conditions, such as eczema and allergic conjunctivitis, as well.

A 120-metered spray bottle of Nasonex Aqueous Nasal Spray has a basic NHS price of \$11.43.

**Schering-Plough Ltd. Tel: 01707 363636.**

## Dual chamber for paediatric vaccine



Pasteur Merieux MSD has repacked its ACT-HIB DTP vaccine into a dual chamber pre-filled syringe designed to increase ease and convenience.

ACT-HIB DTP dc contains the vaccine for *Haemophilus influenzae* type b in one chamber and the vaccine for diphtheria, tetanus and pertussis in the other. When ready to use, the doctor or nurse attaches the plunger and orange needle to the syringe and depresses the plunger. This reconstitutes the liquid DTP with

the ACT-HIB and produces a 0.5ml volume injection. Each pre-filled syringe provides a single dose.

The basic NHS price for one pre-filled syringe is \$10.90.

● Pasteur Merieux MSD has taken over the UK supply of the Japanese encephalitis vaccine, JE-VAX, from Cambridge Self-care Diagnostics. JE-VAX is only available on a named-patient basis.

**Pasteur Merieux MSD Ltd. Tel: 01628 785291.**

## Hoechst Marion Roussel revises three drug data sheets

The data sheets for Cidomycin, Trental and Streptase have been revised.

Cidomycin cream and ointment is now specified for use in primary infections – superficial folliculitis – and secondary infections – infected, contact, seborrhoeic and eczematoid dermatitis, pustular acne and paronychia.

It also warns about the risk of ototoxicity, particularly in impaired renal function, children and the elderly. Care should be taken in pregnancy and lactation.

The dosage for use of Trental (oxpentifylline) in impaired renal function has also changed. The data sheet recommends a 30-50 per cent dose reduction where creatinine clearance is below 30ml/min (previously 10ml/min).

Streptase carries extensive changes, including a contra-indicated use in recent trauma to the head and pericarditis. Aesthenia and malaise have also been added to the side-effects.

**Hoechst Marion Roussel Ltd. Tel: 01895 834343.**

# RELIEF HAS ARRIVED

mebeverine hydrochloride OTC = Colofac IBS

## Colofac<sup>®</sup> IBS

mebeverine hydrochloride

**irritable bowel syndrome**

*For effective relief of  
abdominal pain, cramps  
and wind associated with  
irritable bowel syndrome*

**Most Doctors use it**

**Most Pharmacists know it**

**Most Consumers will soon be aware of it**

**Colofac IBS = Irritable Bowel Syndrome**

#### COLOFAC IBS: PRODUCT INFORMATION

**Presentation:** White, unmarked, sugar-coated tablets each containing 135mg mebeverine hydrochloride. Available in packs of 15. Retail price (incl. VAT) £4.99. PL 0512/0044. **Indications:** Symptomatic treatment of irritable bowel syndrome. **Dosage and Administration:** Adults, elderly & children ten years & over: One tablet three times a day, preferably 20 minutes before meals. **Contra-indications:** None. **Warnings:** Use in pregnancy - Animal experiments have failed to show any teratogenic effects. However, the usual precautions concerning the administration of any drug during pregnancy should be observed. If symptoms occurring for the first time, a doctor should be consulted before using any treatment. Patients with the following should also consult their doctor: >40yrs; rectal bleeding; nausea/vomiting; pale & feeling tired; severe constipation; fever; recent foreign travel; known or suspected pregnancy; abnormal vaginal bleeding or discharge; painful micturition. A doctor should also be consulted if new symptoms develop, symptoms worsen or do not improve within 2 weeks of treatment. **Legal Category:** P. **Further information is available from the Product Licence Holder:** Solvay Healthcare Ltd, Hamilton House, Gaters Hill, West End, Southampton, SO18 3JD. **Date of preparation:** April 1997.

# COUNTERpoints

## English Grains extends its Calcia range

English Grains Healthcare has extended its Calcia range with the addition of two combination products.

The range has been repackaged and is being repositioned as suitable for "every stage of a woman's life".

New Calcia Plus Evening Primrose Oil (120, \$6.99) is intended to help regulate hormone balance, as well as build and maintain strong bones. It combines the original Calcia formula (excluding vitamin C) with evening primrose

oil. The daily dose of four capsules contains 800mg calcium and 250mg evening primrose oil. It is being targeted at younger women who suffer problems with their monthly cycle, as well as menopausal women with hormonal fluctuations.

Calcia Plus Cod Liver Oil combines the standard formula with cod liver oil, which can help maintain flexible and supple joints, as well as helping to maintain a healthy heart and circulation. The daily recommended

dose of four capsules provides the optimum amount of calcium (800mg) with other vitamins and iron, as well as 550mg cod liver oil. A month's supply of 120 capsules retails at \$5.99.

Folic Plus (90, \$3.29) has also been repackaged. Support includes new national advertising from June onwards, point of sale material and education leaflets.



**English Grains Healthcare.**  
Tel: 01283 228300.

## Expulin to loosen chesty coughs

The Expulin cough relief range now includes a chesty cough variant.

Expulin Chesty Cough contains guaiphenesin (100mg/5ml, \$2.35) in a sugar-free, mentholated linctus to reduce excess phlegm and 'loosen' chesty coughs. The dose for adults and children over 12 is 10ml every two to three hours and 5ml for children over three.

Monmouth Pharmaceuticals is supporting the brand with POS material, consumer leaflets and carrier bags. **Monmouth Pharmaceuticals Ltd.**  
Tel: 01483 565299.

## Apple calcium tablet to chew over

Healthlife has launched a new apple-flavoured, chewable calcium tablet.

This one a day supplement is designed to appeal to the growing women's health market.

To make it more pleasant to take the product is formulated to eliminate the chalky taste of calcium supplements.

Calcium is important for healthy bones and teeth. The tablets also

contain vitamin D, which helps aid the absorption of calcium.

Two tablets, taken once a day, preferably at bedtime, provide 100 per cent of the recommended daily allowance of both calcium and vitamin D. Retail price is \$3.59 for 60. The launch is being supported by point of sale material.

**Healthlife Ltd.**  
Tel: 01274 595021.

## Panpharma goes on safari with the rhinos of Woburn

Panpharma is sponsoring the white rhinoceroses at Woburn Safari Park.

The \$2,000 deal is a brand support activity for Rhinolast Hayfever antihistamine nasal spray, which is now available OTC.

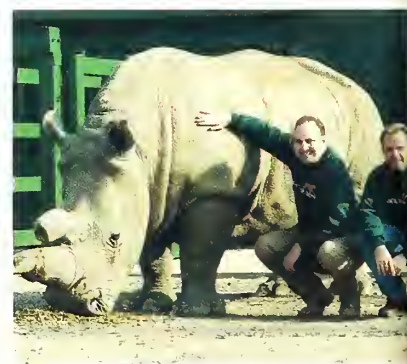
New packs of the product carry a \$0.02 per pack donation to Woburn Safari Park's contribution to rhino conservation in the wild.

The brand is being supported by a TV advertising campaign

from this month. Training materials and support on hayfever are available from the company's representatives.

Pictured: David Bryant, Panpharma's senior product manager (left), and Andy Holgate, managing director, introduce themselves to 'Maggot' - a

white rhino at Woburn. **Panpharma Ltd.**  
Tel: 01494 766866.



## Slimming secrets from under the sea

Phytoslim is a new phytotherapy capsule from Arkopharma.

This all-natural product is designed to be taken in conjunction with a calorie-controlled diet to help lose weight.

Made from seaweed, it is rich in assimilated vegetable proteins and low in calories and fats.

Seaweed provides all the vital elements contained in sea water, including copper, chromium, zinc,

selenium, iron, manganese and iodine.

It contains vitamins, such as folic acid, vitamin C and group B vitamins, which help to metabolise the nutrients, especially sugars, and suppress the appetite. It also stimulates the cellular exchanges and the elimination of waste materials from the body.

Retail price is \$4.15 for 50 capsules. **Arkopharma UK.**  
Tel: 0181 763 1414.



## Early start for pollen helpline

The warm spring weather has prompted an earlier than usual launch of the National Asthma Campaign Pollen Line telephone information service.

Starting on April 28, the recorded, 24-hour pollen forecast (updated daily) will give hayfever sufferers a regional as well as a national forecast based on data supplied by sampling stations across the UK.

The line will be in operation throughout the summer.

**National Asthma Campaign Pollen Line.**  
Tel: 0171 971 0444.

## Name change, but formula the same

Efamarine is the new name for Efamol Marine.

To bring the product into line with the rest of the Efamol range, it is being relaunched in new blue and yellow packaging.

It contains a 'triple action' formulation of omega-3 and omega-6 essential fatty acids (found in marine fish oil and evening primrose oil) with vitamin E as an antioxidant.

The formulation is

designed to appeal to those seeking the benefits of a healthy heart, good circulation and supple joints.

The product retails at £6.75 for a 60 x 500mg pack of capsules. It is also available in 90- and 250-packs. A one a day High Strength 30 x 1,000mg pack retails at £6.75. **Efamol Ltd.**  
Tel: 01483 304441.



# ONE MAN AND HIS DOG WIN GOLD IN NEW YORK

BACK ON  
TV MAY '97



The Sensodyne™ 100 advertisement has struck gold, earning the 1995 Consumer Advertising and Marketing Achievement Award for being both the leading up and driving more customers into our stores. Like Sensodyne, our success is measured in effectiveness. Contact with us suggests that it's the sensory sense.

By placing Sensodyne 100 in a store, you'll find other sensitive individuals, such as your dentist, who'll tell you the brand name. Sensodyne provides the solution and comfort of relief, and it's the only one. Stuck up? Sensodyne 100 will save the feeling to.

STOCK UP WITH SENSODYNE AND STRIKE GOLD

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STAFFORD-MILLER AND YOU - BUILDING BRAND LEADERS.

# New market concept from S&N



Smith & Nephew is launching what it describes as a "new concept" in consumer healthcare. Selected products from its extensive medical and surgical range already used by medical professionals have been

repackaged and are being promoted to consumers. The company says the new initiative will create a new market and profit opportunity for pharmacists.

The range comprises Melolin absorbent dressing pads; Primapore absorbent, adhesive pads; Opsite Post-Op cushioning, adhesive waterproof dressings; Jelonet dressing to soothe and protect burns; Opsite Flexigrid waterproof film dressings; Opsite Spray to cover minor cuts, grazes and unbroken blisters; Soffcrepe light support

bandage; Co-Plus coloured, light support bandage; and Elastoplast Elastic Adhesive Bandage for strong support and sports injuries. Retail prices range from £1.69 to £7.39.

Smith & Nephew is also repackaging and supporting over 50 items in its Homecraft range. Products such as tap turners, folding walking sticks and jar openers are designed "to make daily living easier" for the elderly, the disabled and arthritis sufferers.

A core range of 'lead' products is being recommended for display, supported by a comprehensive catalogue from which pharmacists can order for customers.

**Smith & Nephew Ltd.**  
**Tel: 01482 222200.**

## Kodak Processing puts kids in the picture this summer

Kodak Processing is offering free children's tickets to four popular attractions, including Alton Towers, Warwick

Castle, Chessington World of Adventures and Madame Tussaud's.

Consumers using the Prints by Kodak

processing service will receive a voucher for a free child's entry when an adult pays the full entrance price.

The voucher is included in a colourful leaflet which is enclosed in all Prints by Kodak wallets for every first-time D&P order, including Kodak Advance Photos.

The promotion will run from May 19 to July 12. It will be supported by posters, a counter unit insert and a menu board insert.

**Kodak Ltd.**  
**Tel: 01442 61122.**



## Tea Tree Ointment's first aid function

Tea Tree Ointment is the latest addition to Thursday Plantation's therapeutic range.

It is a medicated first aid topical antiseptic in a water-repelling base.

The ointment is designed to function like an invisible wound dressing, forming a protective film over cuts, abrasions, gravel rash, chapped dry skin and lips. Active ingredients are tea tree oil and

vitamin E.  
**Health Imports Ltd.**  
**Tel: 01274 487662.**



## 3M Protect Strips clear the way

3M Protect Strips plasters are new from 3M Health Care.

Based on Tegaderm, a specialist material used in hospitals for advanced wound care, these clear plasters form a breathable barrier to prevent infection and promote faster healing.

Designed to block out water, dirt and germs, they offer waterproof protection and should stay in place even when swimming.

They come in a range of sizes, retailing at £1.89.



**Scholl Consumer Products.**  
**Tel: 01582 842929.**

## On the scent of a new diet patch

Diet Scent Aromachology patches are now available to pharmacies.

With 95 per cent of taste coming from smell, these sweet aromatic patches are designed to reduce slimmers' cravings for sweet foods.

The small blue patches are impregnated with the aroma of the sweet-smelling tropical orchid. Worn on the hand, wrist or just inside a shirt on the chest, they are not

transdermal.

A month's supply of 28 retails at \$29.95.  
**Diet Scent Ltd.**  
**Tel: 01943 602611.**



### REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

Fore name .....  
(all other initials as registered with the RPSGB or PSNI) .....

Surname .....

Registration No: RPSGB.....

PSNI: .....

Pharmacy address.....  
.....  
.....

County..... Postcode.....

Tel no.....

Fax number.....

E Mail.....

I enclose a cheque to Miller Freeman:

CiCPM part 1 \$117.50 (inc VAT) .... (\$ ..)

CiCPM part 2 \$235.00 (inc VAT) .... (\$ ..)

CiCPM parts 1&2 \$323.13 (inc VAT) (\$ ..)

Total ..... (\$ ..)

Send cheques and forms to Sue Cheeseman/Clare Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (tel 01732 364422)

Additional single module copies at £4.00 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (full set £40.00 plus VAT of £5.96)



### All you and your business needs - The Certificate in Community Pharmacy Management...

...produced in association with The School of Pharmacy, The Queen's University of Belfast, from Chemist & Druggist and Community Pharmacy, supported by Smithkline Beecham Consumer Healthcare (PharmAssist)

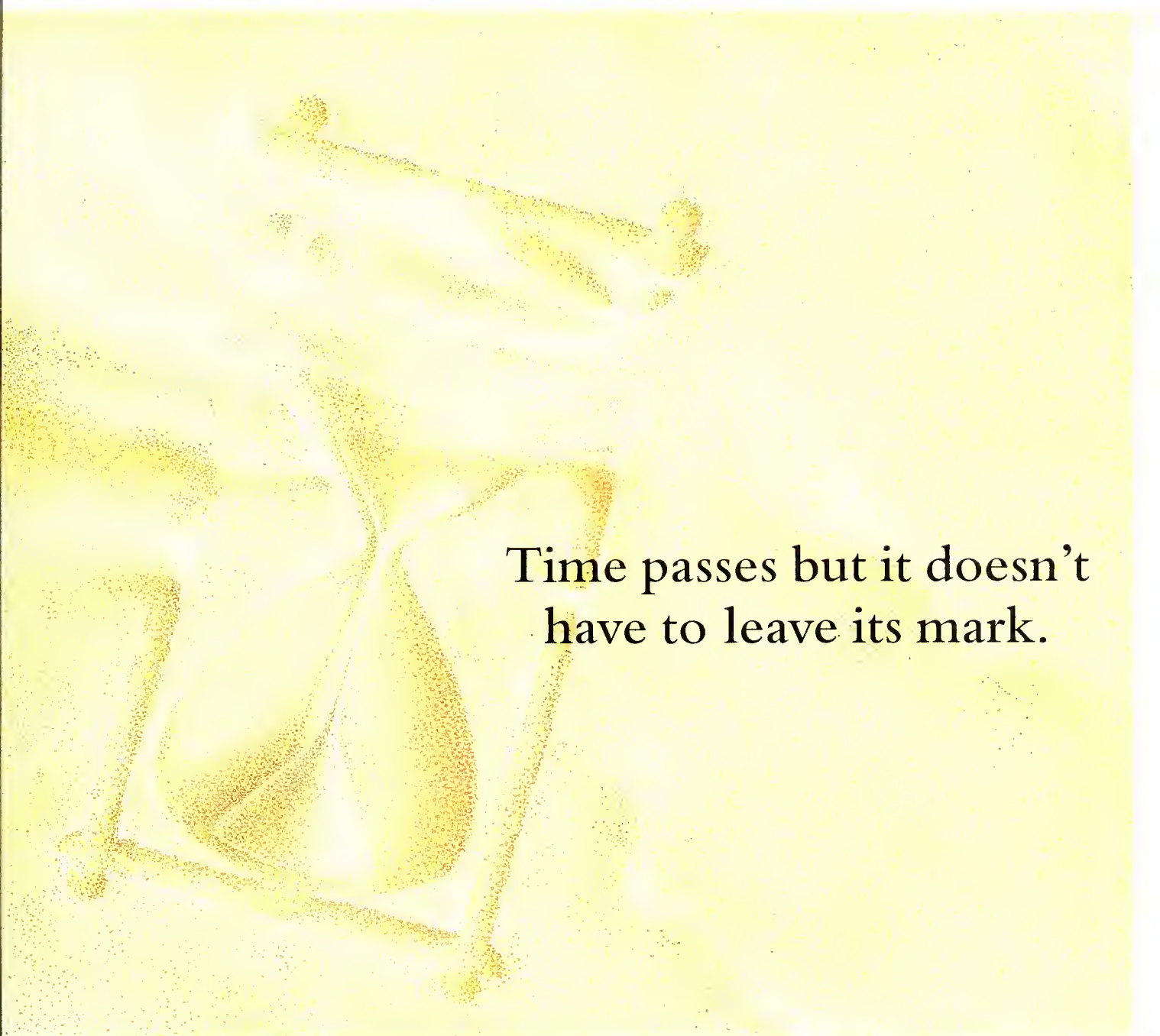
#### How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.



Time passes but it doesn't  
have to leave its mark.

Our body's cells have the ability to constantly renew themselves throughout our life. However, this process may become less efficient with age, along with a progressive decline in polyunsaturated fatty acid levels, vital components of every cell in the body. Polyunsaturated fatty acids also play a role in the production of substances which are involved in important body functions in areas such as eyes, brain, heart, joints, skin and the reproductive system. Declining levels may result in cells being unable to perform their functions adequately, which may lead to premature cell ageing.

Growing older affects the body's ability to convert the essential fatty acids from our diet to other important fatty acids. This declines naturally, but diet, lifestyle, alcohol, smoking and pollution also interfere with this conversion process. In addition, these factors can influence the body's production of substances which in excess may damage the delicate structure of cells, leading to cell ageing. Thus, not only is it important to follow a healthy diet and lifestyle, but also to replenish fatty acid levels.

The Efatime formulation is a revolutionary new food supplement with a unique double action that helps maintain and protect body cells over the years. The Efatime formulation is the first product of its kind and is made by Efamol Ltd., the world's leading specialist in essential fatty acid research. It is the result of a long term innovative research project investigating the process of ageing. The project is jointly run by researchers at Efamol and the Scottish Agricultural College.

The Efatime formulation provides the important fatty acids our body's need, together with the powerful cell protectors red thyme oil and vitamin E, in a convenient capsule form. Suitable for men and women of all ages, this unique and patented combination helps replenish fatty acids and protect the the cells as the years go by.

The Efatime pack is available from your local Novartis Consumer Health representative from FEBRUARY 1997 and will be supported in WOMEN'S PRESS.

Point-of-sale material is available from the Novartis Consumer Health Sales Support Department on (01306) 742800

Efamol® and Efatime™ are trademarks used under licence by Efamol Ltd.



Distributed for Efamol Ltd by Novartis Consumer Health  
Mill Road, Holmwood, Dorking, Surrey, RH5 4NU

**Efatime™**

**Helps maintain and protect body cells  
over the years**

## Cool new cream

Elida Fabergé expects to reinforce its dominance of the antiperspirant/deodorant market with the launch of a revolutionary new cream deodorant.

New Sure Ultra Dry Cream is said to overcome the shortcomings of current APD formulations – white powdery deposits from aerosols, roll-ons taking too long to dry and the wet, sticky film from sticks and gels. The manufacturer claims the suspension cream offers “unbeatable odour and

wetness protection”. It vanishes in seconds, leaving no visible deposit and its alcohol-free formulation means it can be used after shaving.

Available in four variants – new Cool White, Cool Blue, Cool Pink and Original for Men – Sure Ultra Dry Cream retails at \$2.39.

The launch is being supported with a \$4.3 million advertising



campaign, which is the lion's share of Elida Fabergé's \$8m support for Sure this year.

The company says the new cream offers pharmacists a ‘significant’ category-building opportunity.  
**Elida Fabergé Ltd.**  
**Tel: 0181 481 6000.**

## Sporting Sharron continues Supersoft sponsorship



Sports celebrity Sharron Davies will continue to be sponsored by Schwarzkopf's Supersoft hair care range next year.

Sharron's image as a busy working woman, successfully juggling the demands of a career, family and a highly active

lifestyle, reinforces the brand's profile as a hair care range for women who want healthy-looking, easy to manage hair.

In addition to the sponsorship deal, a heavyweight press campaign will back the brand as part of a total \$1.2 million support programme this year.  
**Schwarzkopf Ltd.**  
**Tel: 01296 314000.**

## Manpower from Vaseline Deodorant

Elida Fabergé has launched a new male variant into its Vaseline Intensive Care deodorant range.

Said to be “full protection against odour, yet easy on the skin”, VIC For Men is aimed at the

‘skin aware’, including the 25 per cent of British men who suffer underarm irritation after using deodorants.

The new product's woody, yet fresh, smell was created by fragrance expert Ann Gottlieb, who also developed CKone and Impulse ID. It combines cool and warm notes, reflecting the consumer trend to tonic woody scents.

A 150ml aerosol can retails at \$1.99 and the black packaging clearly identifies it as a male product.

Elida Fabergé is supporting the launch with a \$4 million-plus advertising spend, including \$2.2m on TV from June to October, press ads in leading male magazines, such as *Loaded* and *Men's Health*, plus a \$800,000 nationwide roadside poster blitz.

**Elida Fabergé Ltd.**  
**Tel: 0181 481 6000.**



## Ibuprofen launch

Vantage has extended its own-label range with 12-fill foil packs of ibuprofen tablets. Retail price is £0.99. Discounts are being offered until May 16.  
**AAH Pharmaceuticals Ltd.**  
**Tel: 01928 717070.**

## Eczema advice

Crookes Healthcare has launched the E45 Eczema Careline to advise consumers eczema. The 24-hour automated line covers emollients, diet, sleep and steroids.  
**E45 Eczema Careline.**  
**Tel: 0171 617 0808.**

## Down in the mouth

A free Frador leaflet about mouth ulcers has been compiled by Fenton Pharmaceuticals. It provides information on the three main types of mouth ulcer and gives advice on curing the persistent sores.  
**Fenton Pharmaceuticals.**  
**Tel: 0171 224 1388.**

## No shocks with easy electric comb

Moser Easycare is a new electric untangling comb for using on long hair without pulling and tugging.

Operated via a table-top transformer, it features eight alternating rotating teeth. The action provides a pleasant massaging effect on the scalp and gives volume to permed or curly hair.

Retail price is \$60.  
**Wahl Europe Ltd.**  
**Tel: 01227 740066.**



## Dry run for Johnson's Baby range

Two new dry skin products have been added to Johnson's Baby Problem Solving range.

Dry Skin Cream and Dry Skin Oil Bath have been developed to help relieve problem dry skin conditions in babies.

Dry Skin Cream (\$2.99, 100ml) provides an occlusive barrier to help protect against water loss. For best results, it should be applied to the affected area three or four times a day, especially after bathing.

Dry Skin Oil Bath (\$3.99, 200ml) gently

cleanses without soap. It contains a blend of oils and zinc oxide to help soothe and calm irritated skin. The product can be applied direct to skin with a wet flannel or sponge, or added to the baby's bath water.

The launch will be supported by a \$300,000 press advertising and health professional marketing campaign. The advertising will run in key parenting magazines from June onwards.

**Johnson & Johnson Ltd.**  
**Tel: 01628 822222.**

## ON TV NEXT WEEK

**Andrews Liver Salts:** U

**Colgate Sensation range:** All areas

**Garnier Nutralia shower gel:** All areas

**Garnier Synergie Vitamin Radiance:** All areas

**Ibuleve:** G, B, Y, TT

**Johnson's Baby shampoo:** All areas

**L'Oréal Elvive Revitalising shampoo:** All areas

**Macleans Total Clean:** U

**Otex:** G, B, Y, TT

**Pantene:** All areas, except GMTV

**Pepcid AC:** TT

**Predictor home pregnancy test:** C4, C5, Satellite

**Regaine:** G, C, A, M, LWT, C4, Satellite

**Rennie:** All areas

**Toepedo:** W, U, G

**Wash & Go:** All areas

**Wella Experience:** C4

**Wella Viva Colour:** All areas

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry



NO MATTER  
HOW LARGE  
WE'VE BECOME,  
WE WON'T  
FORGET HOW  
IMPORTANT  
YOU ARE

"Our job is very simple: to give independent pharmacists as much help as possible to enable them to offer a high level of service to their customers with excellent quality and value for money products."

DAVID TAYLOR  
MANAGING DIRECTOR



PHARMACEUTICALS  
LIMITED

~~We will~~ be will  
~~We're~~ always there, we always care.

# Shaping the future

The Pharmaceutical Society of Northern Ireland has been considering the shape of community pharmacy services through to 2020. Last year, it announced it was undertaking a strategic view of its options. 'A strategy for community pharmacy – the Vision for 2020' is now being rolled out to pharmacists in the Province

**T**he operating environment within which healthcare is delivered is turbulent as never before. The radical shake-up of health service organisation, which began over ten years ago, continues apace. The most recent developments have focused on primary care and are most relevant to community pharmacy services.

Recent years have also seen a major rethink of traditional professional boundaries. Nurses are now involved in work which was previously carried out by junior doctors. GPs are involved in localised speciality work.

On many fronts, the professions are all seeking to develop more meaningful roles in the delivery of healthcare.

We also live in an age of tremendous technological change. IT is influencing individual and business lives everywhere.

All of this is taking place in the context of resource constraints. Government is committed to making year on year efficiency gains. This will impact upon pharmacies as GPs' prescribing budgets come under scrutiny.

## PEST analysis

An analysis of the environment within which community pharmacy services will operate throws up the following conclusions:

### Political

- there will be limited resources for health in the foreseeable future
- there will be increasing recognition of the pharmacist's role.

In addition, it is clear that whatever party is returned at the next general election:

- there will be a developing role for primary care teams
- there will be little or no additional real money in the system.

### Environment

- there will be a significant move to the use of 'evidence-based medicine'
- the role of the primary health-care team will be increasingly recognised.

In addition, it can be expected that there will be some level of 'boundary' problems between the professions.

### Social

- the population is ageing
- there is likely to be more emphasis on health education, both from statutory sources and from the general media. The role of the pharmacies in distributing information is likely to grow.

### Technology

- there will be more generic medicines.

Electronics is revolutionising communications. This already impacts upon pharmacies in different ways, but the challenge of the future will be in relation to:

- communications with GPs
- ordering and assembly of drugs (maybe from a remote centralised location)
- distribution of information.

While the current arrangements may have served the public and the profession well in the past, they are unlikely to in the future.

The argument for community



Dorothy Graham is the PSNI president steering through Vision for 2020

pharmacy is not about whether to change but in what direction change should be geared and how it should be delivered.

## The mission

The PSNI Council has considered the following mission statement for community pharmacy: *To optimise the health of all members of society through the promotion of safe, effective and*

*rational medicine use, provision of health advice and monitoring of disease management (pharmaceutical care) within an efficient business enterprise.*

The key ideas in this mission are to provide health benefits for members of society. This implies that the profession must have a clear understanding of where it fits in relation to other professions which have a similar aim.

take care

It requires pharmacists to promote the rational medicine use, provide health advice and monitor disease management.

Pharmacists will carry out these functions within a professional ethos operating in a well run business environment.

The mission is fundamental and should be used as the reference point for arbitrating between choices about overall direction and emphasis.

## The vision

The Council's vision for community pharmacy in 2020 states:

*In the year 2020, pharmacists working within primary care will be located within community pharmacy practices and will be established and recognised as the medicines expert and an expert in disease prevention.*

*The pharmacist will interact with other professionals as the preferred source of information and advice on prescribing and drug management of disease. Pharmacists will retain and develop their pharmaceutical expertise and facilities in order to deliver high-tech and individually-tailored medicines in the primary care setting.*

The primary objectives associated with the vision are:

- the provision of health promotional services
- prescribing and supply of GSL and P medicines, and certain POMs within protocols for registered patients
- medication management and outcome monitoring, including the ability to alter doses and change medicines within agreed therapeutic protocols.

## Strategies

In moving from the current situation to the vision, change will have to be engineered on several fronts. The process will be complex because of the range of forces which are likely to oppose change. These barriers include:

- the inherent conservatism of the pharmaceutical profession. The community service is run by

a large number of pharmacists who value their independence and may not have any real incentive to take a long-term view

- the underlying problem of funding. The vision clearly presupposes finding a new way to reward pharmacists for the role which they fulfil

- the vision entails a new model of primary healthcare delivery. Changes in the role of pharmacists will necessitate changes in the role of other professionals, principally GPs

- much of what pharmacists are, or are not, permitted to do is enshrined in primary legislation and the regulations which flow from it. Effecting suitable changes in the legislation is needed to overcome this barrier.

There are also, however, forces promoting change. These have to be harnessed if the profession is to achieve its vision. Some of the positive forces are:

- continuing government pressure on costs – if the vision can demonstrate more cost-effective services, then this should be attractive to government
- the public generally are supportive of their local pharmacies but they need more education in the potential services which pharmacists could provide
- the growing demand for health information is conducive to the vision of the profession
- the recent White Papers suggest an openness to new models of healthcare delivery.

## Actions

Given this balance of forces, it is clear that the profession must develop a programme of action to achieve the vision. The Council has considered what this programme should entail and the agreed actions are set out below.

**Relationships** Developing and managing relationships with a wide variety of 'stakeholders' is seen as vital to the successful development of the vision.

In particular, Council agreed that meetings should be set up with the General Medical Services Committee and the Royal

## Progressing the Vision

**April/May/June** A series of consultation meetings will be held throughout Northern Ireland with pharmacists and other stakeholders. Comments will be collated for consideration by Council.

### *Presentations to pharmacists*

Date	Town	Venue	Time
April 29	Omagh, Co Tyrone	Royal Arms Hotel	7.30 for 8pm
May 7	Newry, Co Down	Mourne County Hotel	
May 14	Ballymena, Co Antrim	Galgorm Manor	
May 20	Craigavon, Co Armagh	Seagoe Hotel	
May 27	Derry, Co Londonderry	Everglades Hotel	

**July/August/September, 1997** Incorporating comments to produce a definitive strategy document.

**October, 1998** Agreed definitive strategy launched at the Society's annual meeting. Programme of implementation begins.

College of General Practitioners. These meetings would aim to gain co-operation in dealing with 'boundary' issues.

There is a need to communicate the vision to the public at large. A plan will have to be developed to achieve this.

The role of the DofH and the health boards was recognised as essential. These bodies will be lobbied in pursuit of the vision.

**Education, research and staffing** Implicit in the vision is a much more 'professional' model of what the pharmacist does.

To achieve this there must be changes in professional development. Pharmacists should be able to gain specialist qualifications and this will require changes in educational and professional development arrangements.

Tied in with this it is recognised that technical staff will play a stronger role in the future in community pharmacies. Further thought should be given to recognising a technical qualification (such as an NVQ) for technical staff.

The vision needs to be backed up by substantial research showing its benefits over existing models of healthcare delivery.

**Remuneration** Action is needed to develop a motivational model that supports the vision. It is suggested that a group could work on developing some detail in this area and that this could be used in opening constructive discussion with government.

**Legislation** The relevant legislation is now under review. Council is to arrange for constructive and formal input into this process as soon as possible. Council may use professional lobbying to put across its views to Government. It is necessary to keep closely in touch with the chief pharmacist on this issue.

*In particular, the Council would wish to identify patient registration as a key objective within its strategy. In its proposed model, all patients suffering from a chronic condition for which medicines are prescribed by a medical practitioner would be registered with a pharmacy for the provision of pharmaceutical care. To ensure that patients are able to get easy access to their medicines, registered patients would still retain the right to have scripts dispensed in any pharmacy. This would require a separation of the supply of medicines from the pharmaceutical care role of the pharmacist.*

**Technology** Action is needed to develop the thinking of Council in considering how electronic communications can support the development of the vision. It was important to understand the potential benefits of networks.

**Standards** The vision is based on increased professionalism, best supported by developing clear standards in the following areas: premises, CPD, accessibility, coverage and ethics.



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**Dosage and Administration** The recommended dose of 'Zomig' to treat a migraine attack is 2.5mg.

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'Zomig' is not indicated for prophylaxis of migraine.

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**Precautions** A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.

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**Legal Category** POM.

**Product Licence Number** 12619/0116.

**Basic NHS Cost** 3 tablet pack (2.5mg) £12.00. 6 tablet pack (2.5mg) with wallet £24.00.

'Zomig' is a trademark of the Zeneca group of companies.

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## IT'S ABOUT TIME

Manpower and threats to pharmacy were the themes for the Institute of Pharmacy Management International's 21st Weekend Conference in Droitwich Spa last week

# When opportunity threatens...

**P**harmacy will survive if pharmacists see potential threats as opportunities, says Jim Furniss the former deputy secretary at the Department of Health responsible for NHS contractors and now with Cambridge Pharma Consultancy.

The loss of Resale Price Maintenance would take some time to be resolved, he thought. "Ultimately, I do not see RPM lasting, but the question is how big will the impact be?" he said.

He thought that pharmacy had "largely won" the argument over doctor dispensing. "But winning the argument is not necessarily winning the war," he warned, adding that the British Medical Association remains a powerful lobbying force.

The changes in the structure of retail pharmacy have been greatest in the middle-sized multiples with between six and 50 stores. The numbers of independents and small groups has fallen little and remains about 68 per cent of all pharmacies. Growth has been seen in the large multiples through vertical integration, with

## Locums cash in on migrating pharmacists

The rapid growth in locum fees reflects the expansion of multiples, longer opening hours, the rise of the non-contract pharmacy, and pharmacists opting out to travel abroad, said Mark Koziol of Provincial Pharmacy Locum Services.

In 1987, one in 55 were planning to go abroad. The survey was repeated 18 months ago and the proportion had increased to one in six.

Mr Koziol anticipated that this rapidly increasing phase in pay rates would continue while locums were in demand, but had some reservations.

"Standards are becoming less vital to some locums," he said and wondered how locums could ask for an increase of £1 an hour or about an 8 per cent increase when employers were only showing increases of around 2.5 per cent.



At the table (l-r): Jim Furniss, Dr David Scott, Bob Gartside and IPMI chairman Dr Alan Smith

a corresponding reduction of competition.

However, Mr Furniss said: "I think there will be a natural limit to the size of the vertically-integrated chains." The Monopolies and Mergers Commission will also say there is a limit at some stage. "Competition law will provide a measure of protection to independent community pharmacies."

Distribution patterns are changing and two factors that should be considered are mail order and electronic systems.

As mail order already exists in some countries, it could eventually happen here. "It can only ever be a part of the market, but it could be a large part and it could have an impact," said Mr Furniss, referring to how repeat prescriptions are handled in the US. "The prospects of mail order pharmacy in the near future are quite low. It requires legislative change - I see no great pressure from any quarter to make that change," he said.

"Development of electronic systems is something that will happen," he advised. To stop this being a threat, pharmacists should ensure that they are linked in with a national system to avoid being bypassed, for example by doctors linking directly with the wholesaler.

There are also cognitive skills. These include the additional services done as part of the NHS contract, such as patient records, and giving advice to homes.

"Perhaps more interesting are the health authority services -

services that again have the potential to be remunerated, but in a different way by a contract with the health authority, not part of a national contract," said Mr Furniss. This could include repeat and instalment dispensing pilots or giving prescribing advice to GPs, an area he sees where there has been a dramatic change. "Part of the importance of that is that they are paid in a different way from a different source." Two pay masters are better than one, he thought.

"Pharmacists have to look beyond giving dispensing services," he recommended. A pharmacy that is going to provide a greater range of services may require more than just one pharmacist, and also a degree of specialisation.

This may be possible in a larger pharmacy, but could work better in a small chain. "The old model of one pharmacist one shop I don't think is viable, except on the margins or in rural areas," he said.

**Ultimately, I do not see RPM lasting, but the question is how big will the impact be?**

## Hospitals face manpower problems, too

One reason that recently qualified pharmacists are leaving hospitals is that they were forced into confirming a pre-registration place too early, says Dr David Scott, regional clinical training pharmacist for Oxfordshire Health Authority.

"The trend to recruit pre-registration students earlier and earlier is bad for students and employers," he said.

He does not believe that a free-market approach to recruiting is beneficial. Pharmacists are being recruited into the wrong jobs.

Instead, Dr Scott proposed that employers should "voluntarily agree to recruit later", over the Christmas vacation or in the spring term of the final year.

Over the past 12 months, 22 per cent of hospital pharmacy jobs have remained unfilled. A further 11 per cent of posts took more than four months to fill.

Solutions to the recruitment crisis have included regrading, restructuring, recruiting from overseas, giving pay supplements, and offering 'return to practice' courses. It may also be necessary to offer 'golden handcuffs' to try to hold on to existing staff.

# Voicing opinions for votes

**Seven of the 15 candidates who are standing in the Royal Pharmaceutical Society's Council election spoke at the Young Pharmacists' Group's fourth annual hustings, held in Walsall last Sunday**

The candidates first gave a four-minute summary of key points in their policy statements, then answered questions from the audience of about 30 pharmacists.

## Key points

**Mike Burden:** a key aim is to put pharmacists at the centre of the primary healthcare team, doing more to smooth the seams between primary and secondary care. Pharmacists should have access to NHS information networks being developed. Payment systems should give pharmacists an incentive to contribute to health gain.

**Peter Curphey:** as a member of the New Age working group, a key aim is to develop a strategy for taking the profession forwards, focusing on pharmacists as advisers, medicines managers and counsellors in the NHS. Other priorities are a reform of the remuneration structure and the development of information technology.

**Mark Koziol:** the Society's Charter is a barrier to progress and should be changed to serve the interests of the profession. Administration at Lambeth produces loads of paperwork, but not enough benefit to pharmacists. Modernisation is crucial to reduce time spent by Council on administration and to take forward New Age ideas.

**Melvyn Smith:** the Society should represent the interests of all pharmacists and encourage the profession to work together, as many pharmacy practice decisions are now being made by non-pharmacists. A publicity campaign should highlight what pharmacists are doing and make sure the profession's views are expressed when medical issues are discussed in the media.

**Linda Stone:** a remuneration structure must be created to allow New Age innovations to happen. It is crucial not to lose momentum and let apathy set in.



The YPG committee, which organised the hustings (l-r): Sultan Dajani, public relations officer; Wendy Harris, vice chairman; Jahndad Khan, chairman; Phil Kirkpatrick, treasurer; and Mike Achiampong, secretary

Constructive dialogue must be maintained with the media, politicians and other professions, and Council must try to promote unity within the profession.

**Joanne West:** pharmacists need adequate remuneration for both core and extended roles, with Council ensuring that pharmacy is moving in the right direction. Postgraduate training should keep traditional skills up to date, while preparing for new services. Council should market pharmacy nationally and locally.

**Nick Wood:** Council should tackle the way pharmacists are paid, not by negotiating remuneration but in setting principles for payment. The Society should capitalise on the momentum generated by recent NHS White Papers to take the New Age agenda forward. Council structures need reviewing to reduce workloads on members.

## Question time

The candidates were then divided into two groups, so not all of them answered the same questions. They were asked their views on:

### ● The manpower shortage

**Koziol:** before taking action, there is a need for more information on where pharmacists are going. A change in skill mix, allowing others to fulfil tasks traditionally undertaken by community pharmacists, may be required.

**Webb:** the key is to get job satisfaction, salaries and working conditions right to encourage people to go into community pharmacy.

**Wood:** the Society should persuade the Government to put

more money into pharmacy courses in order to produce more pharmacists.

### ● Pharmacist prescribing

**Koziol:** in favour of pharmacist prescribing, although patient safety would have to come first and pharmacists be adequately trained.

**Webb:** this is long overdue, but there is a need to look very closely at the practicalities.

**Wood:** doctors would oppose pharmacist diagnosis, so protocols would have to be developed, specifying areas of involvement, such as controlling repeats and changing dosage or dosage forms.

### ● Admitting technicians to the Society

**Koziol:** having technicians on the Register would increase the fee income and would tend to improve their standards rather than lower standards overall. The Society should examine the idea carefully as part of the manpower question.

**Webb:** it would be better to support technicians in their own organisation, separate from the Society.

**Wood:** an independent technicians' organisation, linked to the Society without being formally under its umbrella, would be preferable.

### ● Information technology

**Curphey:** the Society's recent IT focus report should help progress. Pharmacists need open access to information in the interests of patients. Systems should not be entirely commercially led.

**Smith:** systems should allow quick access to pharmacists, who will need guidance on equip-

ment. The smart card initiative should be developed.

**Stone:** pharmacists must be part of the NHS network, with access to clinical information.

● **If you could do one thing in your term of office, what would it be?**

**Koziol:** appoint a chief executive officer at Lambeth, not an administrator, but someone who would be able to take the profession forward.

**Webb:** concentrate on the pharmacist's core and extended role.

**Wood:** progress the four-year degree course.

● **Should the Society interfere in remuneration issues?**

**Curphey:** Council has no plans to interfere in negotiation, but there is a need to find a way of remunerating pharmacists for their professional involvement in dispensing.

**Smith:** under its present structure, the Society cannot be involved in remuneration.

**Stone:** the Society cannot be involved in negotiation, but it should be involved in the setting of the parameters and standards of the services that pharmacists provide.

● **How would you bridge the multiple/independent divide?**

**Curphey:** by encouraging pharmacists to meet and socialise together.

**Smith:** the biggest gap is between independent and independent, who should be encouraged to work together.

**Stone:** we need to convince pharmacists that by working together in patients' interests they will be acting in their own interests.

● **If you had \$1 million to spend on pharmacy for the millennium, how would you spend it?**

**Curphey:** on setting up a small limited company with a pharmacist, GP, nurse, chiropodist and physiotherapist in a small market town to convince ourselves and the public that it works.

**Koziol:** on a short, sharp burst of infrastructure improvements to the Society.

**Smith:** on advertising what pharmacy can do – or getting someone to write pharmacy into the script of a 'soap'!

**Stone:** on demonstrating to opinion-formers and decision-makers exactly what pharmacists can do for patients, particularly in the community.

**Webb:** on marketing pharmacy.

**Wood:** to start off a pharmacist-only pension fund.

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# Taken for a ride

Journeys to exotic destinations are often accompanied by less exotic things, such as travel sickness. As the nation prepares to see new sights and sample foreign foods, **Dr Eric LeFevre**, a Lewisham GP with an interest in travel medicine, examines the prospects for summer voyagers

**T**he problem of travel sickness has been well documented since the time of the ancient Greeks. The word nausea comes from the Greek word 'naus' for ship.

History is littered with the legacy of the famous who succumbed to it: Julius Caesar, Lord Nelson, Charles Darwin and Lawrence of Arabia all suffered from travel sickness.

Motion sickness can occur wherever there is exposure to unfamiliar motion stimuli, either real or imagined. This can occur without motion (such as viewing a film on the cinema screen), or on boats, planes, swings, in cars and in outer space. It is unusual to experience it in modern, large

commercial jet aircraft, where it affects only about 0.5 per cent of travellers.

Upset is caused by a change in either linear or angular acceleration. Powerful psychological factors, such as fear of a particular form of transport, anxiety and excitement, contribute to a person feeling nauseous.

It tends to be particularly troublesome on boat trips because of the frequent change in angular acceleration caused by the roll and pitch of a ship on water.

## Sickness in motion

It is well known that rapidly changing motions of the body cause some people to vomit. Even now, the exact mechanisms

involved in motion sickness are not fully understood.

Generally speaking, it is thought that there is overstimulation of the labyrinthine sense organs over a prolonged period of time which results in the symptoms of motion sickness.

The visual sensory disturbance that occurs suggests that there is a mismatch between the information that the brain receives from the visual and labyrinthine systems.

The brain is unable to correlate the conflicting information which leads to stimulation of the vomiting centre, through chemoreceptors in the medulla oblongata.

Labyrinthine receptors transmit impulses to the vomiting cen-

tre, either directly by way of the cerebellum or via vestibular nuclei first.

Support for this hypothesis comes from several sources:

- deaf mutes with a non-functioning labyrinth do not suffer from motion sickness
- selective ablation of the flocculonodular node of the cerebellum in experimental animals will abolish motion sickness
- children with the rare brain tumour medulloblastoma, which exerts pressure on the labyrinthine pathways, suffer similar symptoms
- in humans it appears that the labyrinthine apparatus may be less important than in many animals, so people with no demonstrable labyrinthine function can manage quite well in daily life. These people rely only on visual and proprioceptive information. They will lose their balance if they walk on even ground with their eyes closed.

It has also been postulated that motion may cause release of a chemical into the cerebrospinal fluid, which stimulates the vomiting centre directly.

## Signs and symptoms

Although most descriptions of travel sickness focus on nausea, vomiting and vertigo, there are numerous symptoms which are related to autonomic nervous system stimulation.

The onset usually follows a variable sequence of malaise, sweating, pallor and sometimes drowsiness. Severe vomiting may leave some individuals prostrate.

The sight and smell of food, and fellow passengers in distress, may serve to aggravate the symptoms and, together with anxiety, may lead to a host of unpleasant symptoms: hyperventilation, disturbance of the body electrolyte balance, hypercapnoea, changes in blood volume, postural hypotension, syncope and even collapse.

While symptoms may vary initially, an important feature of motion sickness is an individual's ability to eventually become accustomed to the new motion with continued stimulation.

Vomiting can often lead to temporary relief of symptoms, but several symptom 'cycles' may have to occur before a quite dramatic resolution.

With professional seafarers, pilots and the armed forces, the effect on performance is significant and must not be underestimated. There can be serious consequences for airsick pilots in turbulent air conditions.

It is general airline policy to prohibit the use of anti-motion sickness medication.

Despite extensive studies,



Continued on P24 ▶

◀ Continued from P23

which include simulated adverse conditions in flight simulators, it does not seem possible to identify an individual with a particular susceptibility to motion sickness.

The ability to gradually tolerate the adverse motion is thought to involve some temporary learning component, but this is lost on withdrawal of the stimulus and the individual remains susceptible again on a subsequent trip.

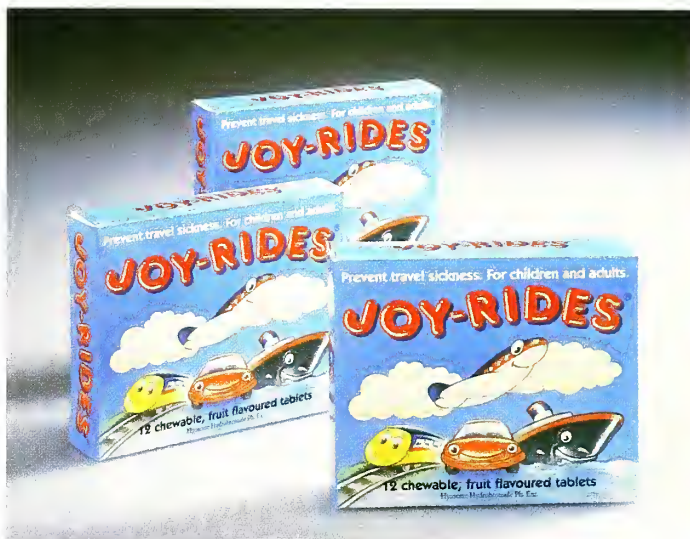
## Children and travel

One does not have to be an international traveller to experience the distressing problem of the child who vomits on a car, boat or plane journey.

Motion sickness is, in fact, unusual in children less than two years of age, but very frequent in three to 12-year-olds and, although generally mild, can turn a journey into a nightmare.

Interestingly, babies who start to vomit during an aeroplane take off or descent are probably suffering from sickness caused by variations in air pressure rather than motion sickness.

The increase in air pressure



Stafford-Miller has travel games for children in a Joy-Rides promotion

during descent can cause pain due to pressure difference across the tympanic membrane, and infants and young children do not know how to equalise pressure by swallowing air, which passes through the eustachian tube from the back of the nose into the middle ear.

This condition may be exacerbated by catarrh in a child with an upper respiratory tract infection.

Much more common, however, is the child in the rear of one's vehicle who becomes pale, clammy, nauseated and vomits.

Anxiety, particularly that caused by the memory of a previous travel sickness episode, plays an important part in causing a scenario such as this.

Antihistamines, such as promethazine (Phenergan and Avomine), cyclizine, dramamine and cinnarizine, are of particular use in the under-12s.

These antihistamines have the possible advantage of causing drowsiness and tend to lessen travel-related anxiety. It is important to stress to parents that antihistamines should be taken well before travel or they will not be effective.

Anticholinergics tend to make the mouths of children excessively dry and are best avoided, even though they are effective.

Prochlorperazine (Stemetil) is available in a syrup form for children (over 10kg), but is best avoided because of the risk of phenothiazine-related extrapyramidal reactions.

In children, I have found that motion sickness is unusual in large commercial aircraft, but is much more likely to occur in boats, small aircraft and buses.

## Prevention: drugs

### Antihistamines

Antihistamines have the advantage that they may cause drowsiness, but they do need to be started a good two hours before travel.

Patients need to be warned of the interaction with alcohol and other CNS depressants as they may impair psychomotor skills.

- Promethazine theoclate (Avomine) or hydrochloride (Phenergan). Dose: 25 to 50mg in 24 hours.
- Dimenhydrinate (Dramamine). Dose: 50 to 100mg tds.
- Cyclizine. Dose: 50mg tds.
- Cinnarizine (Stugeron). Dose: 15 to 30mg.

### Anticholinergics

The mainstay of anticholinergic therapy is hyoscine. It is available in an oral formulation (Kwells) but also as a patch for absorption through the skin (Scopoderm).

This is stuck behind the ear and gives three days of protection. Once again, it should be applied ideally at least three to four hours before starting to travel.

Side-effects include dry mouth and blurring of vision. In the elderly, it should be used with caution as other anticholinergic side effects it can cause are glaucoma, urinary retention and constipation. It can also interact with antidepressants and cardiovascular drugs that patients may be taking.

It is worth noting that the 'standard' anti-emetic drugs, such as metoclopramide, prochlorperazine, ondansetron and chlorpromazine, seem to be of doubtful value in travel sickness prophylaxis. They may, however, be helpful in treating patients with established symptoms.

Of the 'standard' drugs, prochlorperazine is the most useful. However, it must be remembered that this drug carries the risk of phenothiazine-like side-effects.

Travel sickness is easier to prevent than it is to treat. If an individual has succumbed to the illness, they should lie down, close their eyes and take fluids to avoid dehydration. If they are very ill, parenteral fluids and

## Tips to minimise vomiting in children

- 1 Avoid heavy meals before travel.
- 2 Stop frequently along the way.
- 3 Have drinks and small light snacks at short intervals along the way.
- 4 Sit the child in the front seat. This will give them a better view of the horizon.

## Factors contributing to motion sickness

- Unpredicted motion (real or perceived).
- Reading.
- Anxiety.
- Visual stimulation (seeing others vomit).
- Alcohol.
- Smoking.
- Caffeine.
- Olfactory stimulation (smelling others vomit).

## A management summary of motion sickness

- Location in the vehicle.
- Diet.
- Alcohol.
- Medication.
- Fresh air.
- Lie down.
- Horizon.
- Elasticated wrist bands.

anti-emetic injections may become necessary.

## Prevention

### Air travel

Those who suffer from motion sickness should avoid sitting in the tail of the aircraft, but stay in the most stable part of the plane (between the wings).

They should try and keep their head as still as possible, avoid looking out of the aircraft at moving objects, and avoid smoking and drinking alcoholic drinks or coffee.

### Sea travel

Modern large vessels are fitted with stabilisers which reduce roll. The centre of the boat is the most stable.

Anticipate the event and take prescribed medication well in advance of travel.

Physical activity on deck and taking in as much fresh air as possible may be of benefit.

You should lie down wherever possible and fix your eyes on the horizon if you are able to see out.

When below deck in a cabin, it is better to keep your eyes closed.

### Car travel

Avoid sitting over wheels. Try to fix your eyes on a distant point.

Keep windows open to allow fresh air to circulate.

Do not read in the car as this is known to precipitate car sickness. Also avoid tasks which involve visual searching within the vehicle.



Kwells has a children's formula



Sea-Legs: growing fast

## Sick at the thought of travelling?

Three in ten people suffer from travel sickness and it affects people of all ages. Children between the ages of four and 12 are up to 50 per cent more likely to suffer.

The OTC anti-nauseants market is worth £3.5 million. The whole anti-nauseants market is relatively stable and about half is driven by OTC sales.

The most active months for sales into pharmacy are April, May, June and July.

The top ten leading brands ranked in terms of sales value are:

- |             |               |
|-------------|---------------|
| 1 Stugeron  | 6 Dramamine   |
| 2 Kwells    | 7 Avomine     |
| 3 Valoid    | 8 Qmazine     |
| 4 Joy-Rides | 9 Cinnarizine |
| 5 Sea-Legs  | 10 Travelcaps |
- (IMS Self Medication – OTC Plus database (January 97). Values represent sales into pharmacy)

● Roche Consumer Health is planning to advertise the Kwells Junior variant in the parenting press. It is the only anti-nauseant in the market with a separate children's formulation, says Roche.

Kwells holds a 16 per cent share of the travel sickness market, says Roche.

● Johnson & Johnson MSD is relaunching Stugeron in a new

executive image pack to appeal to business travellers as well as families.

● Stafford-Miller representatives will be offering pharmacists eye-catching leaflets for their customers, detailing the causes of travel sickness and how to prevent it, along with some fun travelling games for children.

Joy-Rides from Stafford-Miller held a 13 per cent market share in 1996.

● Seton Healthcare is producing a multi-brand counter unit, featuring a range of holiday healthcare essentials. Seton has also produced a summer leaflet which contains a handy holiday checklist.

Sea-Legs is showing double the year on year growth of the travel sickness market as a whole, 6 per cent compared to 3 per cent, says Seton Healthcare. It is currently the fourth largest brand in the market place, according to the company.

● Sea Band UK has repackaged its anti-nausea acupressure wristband in a smaller, more flexible blue card package. It is also offering a range of point of sale material to help sales through distributor Sutherland Health.

## Don't get stung – get ready

Human beings are not the only ones who enjoy hot weather and blue skies – insects do, too.

Manufacturers are doing their best with remedies and repellents to protect customers from flying summer hazards.

The insect repellents market is worth \$1.5 million. The top two products account for over 70 per cent of the market, with market leader Autan taking over half the sector (IMS Self Medication – OTC Plus database MAT January 97).

April is a busy time for sales into pharmacies, with 20 per cent of the annual total taking place in this month alone.

The top ten repellents are:

- |                  |             |
|------------------|-------------|
| 1 Autan          | 6 Protec    |
| 2 Jungle Formula | 7 Zanzarin  |
| 3 Mosi-Guard     | 8 Buzpel    |
| 4 Mijex          | 9 BugnBlock |
| 5 Ultrathon      | 10 Dusk     |

The market has been seen to be in decline because of the different summers of the last two years. Mild conditions in spring 1995 led to a wasp epidemic, which boosted sales of bites and stings remedies.

Summer 1996, in contrast, came late and was not very hot, causing the market to fall.

In January this year, there was concern expressed over the use



Wasp-eze targeting practice nurses

of DEET-containing repellents, especially when combined with permethrin.

Simultaneous use of DEET and permethrin caused neurological damage to animals. Pharmacists should be aware that DEET-containing repellents are not suitable for children under six. A DEET-free alternative, such as Mosi-guard Natural, should be recommended for young children.

● Sales of Stingose spray, the sting and bite remedy, went up by 10 per cent last year. In 1995, sales rose by more than 75 per cent due to the exceptional weather conditions (figures

Continued on P27 ►

# Dramamine®

... for travellers who don't travel well  
**1997 HAPPY TRAVELLER APPEAL**



HELP RAISE FUNDS IN 1997 TO SUPPORT THE WORK OF THE NSPCC...  
and benefit from incremental pharmacy sales of essential travel related products



Major industry-wide fundraising appeal



2p Donation guaranteed from every pack of Dramamine sold



Pharmacy staff incentives



National media/PR coverage, driving consumers into pharmacies



Special Dramamine bonus packs 14 for 12



Dramamine is suitable for travellers of all ages from 1 year old

For further information about the Appeal, contact Susan Reviere at Searle, Tel: 01494 521124.

The National Society for the Prevention of Cruelty to Children (Children 1st in Scotland). Ref. Charity No. 216401.



**NASTY BITES AND  
STINGS NEED A BIG  
RECOMMENDATION.**

**A TOPICAL CHOICE.**

Make sure that you're recommending Aller-eze Cream this Summer. In its very first year Aller-eze Cream has already made a big impact on the bites and stings market, becoming one of the biggest sellers in the profitable topical antihistamine sector.

Aller-eze Cream is strong on the local relief of pain and swelling and is as effective as mepyramine cream.



Many pharmacists already recommend it and users prefer it for the soothing way it feels on their skin.

**A BIGGER SOLUTION.**

For more widespread rashes that need fast systemic relief recommend Aller-eze Original Formula Tablets. They contain fast acting, efficacious clemastine – longer lasting than chlorpheniramine. Clemastine can also be used as an alternative to Aller-eze Cream if your customers prefer to take tablets.

So to get big results all round give your customers the big relief of Aller-eze.



**EFFECTIVE FAST ACTING RELIEF FROM BITES AND STINGS.**

NOVARTIS CONSUMER HEALTH, MILL ROAD, HOLMWOOD, NR DORKING, SURREY RH5 4NU. TEL: 01306 742800.

## ◀ Continued from P25

**ALLER-EZE Presentation:**

Tablets containing Clemastine Fumarate U.S.P. 1.34 mg (equivalent to 1 mg Clemastine base). Indications: Clemastine is a potent, prompt and long acting antihistamine for the relief of allergic rhinitis, including hayfever, perennial rhinitis and vasomotor rhinitis. Dermatoses, including pruritus, atopic eczema, contact dermatitis and other allergic dermatoses. Urticaria, angioneurotic oedema and drug allergy. Dosage: Adults one tablet night and morning. Children 3-6 years half tablet night and morning. 7-12 years half to 1 tablet night and morning. Side Effects/Adverse Reactions: At normal doses, drowsiness is infrequent and when it does occur, it is usually mild and transient. Rare miscellaneous side effects have been reported, such as weakness, dizziness, dry mouth, headache, palpitations, gastro-intestinal disturbance, heartburn and skin rash. These effects can be controlled by reducing the dose. Precautions/Warnings: May cause drowsiness, if affected do not drive or operate machinery. Use with caution in those with narrow angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, prostatic hypertrophy with urinary retention and bladder neck obstruction. Use in Pregnancy and Lactation: Not recommended. Use in Children: Not recommended for children under 3. Contraindications: Known hypersensitivity. Interactions: Avoid alcohol. May potentiate the effects of sedatives, hypnotics, and monoamine oxidase inhibitors. Cost: (retail) 10's £2.59, 30's £6.09. Product Licence Number: PL0255/0016. Licence Category: [P]

**ALLER-EZE CREAM Presentation:**

Aller-eze Cream is presented as a smooth, white cream containing Diphenhydramine Hydrochloride B.P. 2% w/w. Also contains Propyl Hydroxybenzoate B.P. Liquid Paraffin B.P. and emulsifying wax. Uses: Principal action: A fast acting antihistamine for topical use in non-perfumed and non-greasy cream base. Indications: For the symptomatic treatment of allergic conditions e.g. urticaria, pruritus, allergic rashes, stings and insect bites. Recommended Doses: Adults and children over 6: Apply sparingly to the affected area twice a day and for no longer than 3 days. Use in Children: Not recommended for children under 6. Contraindications: Hypersensitivity to antihistamines and benzoates. Do not apply to mucous membrane, eczematous conditions or where the skin is extensively broken or denuded or in acute vesicular or exudative dermatoses. Precautions: For external use only. Apply sparingly to the affected area. Avoid prolonged use, repeated application, especially to large areas. Side Effects/Adverse Reactions: In rare instances the skin may become sensitised to the product or to sunlight. If this happens, discontinue use immediately. Pharmaceutical Precautions: Store between 4°C and 25°C. Retail Price: 25g cream £2.75. Product Licence Number: PL 0255/0030. Licence Category: [P]

Date of preparation: April '97

exclude sales to Boots), says the Chancellor Group.

Beginning in June, the company will advertise on radio and in the national press. Pharmacy sales will be handled by sister company Thames Laboratories' salesforce.

● Bayer's Autan product manager, Nick Wall, says: "Our holiday season PR campaign will focus on education and direct contact with consumers."

Autan holds 38 per cent of the market (Neilsen, March, 1997) and 52 per cent of sufferers have used Autan in the last 12 months (NOP April, 1996), says Bayer.

Bayer has launched Autan Bite-ease, which offers long-lasting relief from the effects of bites and stings. It comes as a pocket-size stick with a sponge applicator and micro-pump.

● Mosi-Guard Natural has been given a pack redesign, incorporating a new 'OK for Kids' logo.

The product is made from a blend of refined lemon eucalyptus oils.

● Seton Healthcare is planning a sample drop of Wasp-eze via a community advisory team to more than 1,500 practice nurses over a three-month period from May.

The insect bites and stings market declined by 10 per cent year on year due to the wasp epidemic during 1995 and a poor summer last year (Independent Audit Data 12 months ending December, 1996).

Because of this, says Seton, sales of Wasp-eze also declined. However, compared to 1991 (a non-epidemic year), Wasp-eze has grown 14 per cent.

● Novartis Consumer Health's marketing manager, James Ball, comments: "We have implemented a promotional strategy to encourage customers to trade up from the 30g tube of Saylor antiseptic cream to the 60g tube."

Novartis is trying to increase

customer understanding about the versatility of Saylor antiseptic cream, extending its traditional use of treating cuts and grazes to treating bites, stings, minor burns and blisters.

Saylor antiseptic cream has almost 10 per cent of the \$13.5m antiseptic cream sector, says Novartis.

Although sales of Aller-eze cream declined 7 per cent in 1996 because of the cold, late summer, the product took an 8 per cent share of the \$11.5m market in its first season, says Novartis Consumer Health.

The antihistamine cream sector accounts for 33 per cent of the total bites and stings market (BPI Data August, 1996, MAT).

● Rhone-Poulenc Rorer's commercial operations director, Dr Steve Short, says about Anthisan: "Our marketing activity is aimed at increasing awareness and encouraging traffic in-store, combined with our direct pharmacy training."

## Not for your conventional customer?



**Weleda's natural travel pack**

Alternative remedies and complementary healthcare are becoming more mainstream than ever before.

The reason for this growing acceptance of complementary healthcare is the endorsement by the medical establishment, the growing popularity of self-medication and better accessibility of natural medicines to the public. The market is worth \$80 million (Mintel 1995).

● Nelsons is launching a homeopathic training guide for pharmacists in response to the high demand for information from customers.

The company produces a range of homeopathic products for summer. Nelsons Travella is a journey remedy formulated for the relief of nausea, headache and sweating, but without drowsiness.

For the relief of stomach ailments, there is Arsen Alb (for food poisoning/holiday tummy), Carbo Veg (for indigestion with wind) and Cuprum Met (for vomiting with stomach cramps).

Nelsons Pollena relieves symptoms, such as itchy eyes and sneezing, without causing drowsiness.

The company produces remedies that treat alternative symptoms of hayfever, as well: Pulsatilla (for burning, itching eyes), Eupharsia (for inflamed, watering eyes, irritated throat, headache) and Arsen Alb (for irritating, itchy noses accompanied by sneezing).

Nelsons has produced a first aid leaflet, 'Natural first aid for your family', which offers information on home safety and natural first aid.

Pharmacists can obtain a free copy by sending an SAE to: Nelsons Leaflets, MSS Handling, PO Box 193, Nottingham NG3 2HA.

● Medic Herb UK has launched Revitonil, containing echinacea. This herb was used by early European settlers in North America to treat hayfever.

● Allergic rhinitis affects one in six people and the incidence is rising, says Potter's, whose hayfever tablet, Antifect, is one of the firm's top three selling products.

It contains a combination of garlic and echinacea in a sugar-coated tablet to reduce the anti-social effects of garlic.

● Arkopharma has launched its summer collection with a sale unit containing four packs of Phytobronz, Phytotravel, Phyto-

slim, Phytovametone, Phyto-leverfew and Phytoderma.

The company is offering two complimentary boxes of Phytoslim and Phytotravel with every unit, and is supporting the promotion with free POS material, including phytotherapy booklets and Arkopharma leaflets.

The display unit is available from Ceuta Healthcare, wholesalers or direct from Arkopharma on 0181 763 1411.

● Weleda is launching a travel pack which contains a selection of natural medicines and body care products, worth \$21.45, in a cotton toiletries bag. The pack retails at \$16, but is currently on offer (without the bag) for \$9.77.

The pack contains Melissa Comp drops, Combudoron spray, Smtan cream, Iris moisturising balm, foot balm and Citrus deodorant.



**Medic Herb UK has launched Revitonil, containing echinacea**

## Malaria guideline update

New guidelines on malaria prophylaxis are being delayed because doctors cannot agree what should be in them.

"We cannot go ahead until a consensus is reached by the group of doctors discussing the problem," says Professor David Bradley, chairman of the Malaria Advisory Committee and head of the Malaria Reference Laboratory.

Current guidelines were published in the *British Medical Journal* on March 18, 1995. In summary, they recommend that:

- travellers to malarious areas must avoid mosquito bites, take chemoprophylaxis, and urgently seek early diagnosis and treatment for febrile illness

- the key to preventing malaria is avoiding infective mosquito bites by using repellents, covering up at night, and sleeping with bed nets; if mosquitoes cannot be excluded from the room

- travellers take appropriate chemoprophylaxis, especially in areas where malaria is endemic. Drug resistance is increasing in many areas, so recommended regimens have changed

- doses and choice of drug may have to be altered in those with concomitant illness

- standby treatment may be given to those who will be unable to reach medical services for extended periods

- no prophylaxis is infallible. All fever and flu-like illness occurring within a year of returning from a malarious region must be investigated urgently, with malaria in mind.

There has been concern over mefloquine side-effects, which include panic attacks and psychosis. The guidelines say:

"Confidence in mefloquine has increased. Although neuropsychiatric side-effects have continued to trouble some patients, they have not prevented its widespread use for travellers to East Africa, and the committee considers it appropriate for high malaria risk areas throughout sub-Saharan Africa.

"American travellers taking mefloquine long-term have not encountered additional side-effects. It also seems safe in the second and third trimesters of pregnancy.

There are to be no changes to the mefloquine data sheet at present. A new data sheet is due to be published later this year.

"Mefloquine is still considered a safe and effective anti-malarial treatment," says a Medicines Control Agency spokesman at the Department of Health.

A malaria vaccine will not be available commercially for at least five years, believes Professor Bradley.

# Travel news in-store for pharmacists

Pro Choice Applications has launched two major developments to Traveller, the travel health information system.

Traveller for Windows is being launched at the end of April in time for the main summer peak, says the company.

There will be no charges for existing DOS users to upgrade to the Windows version. A 16-bit application will be available initially, followed by a 32-bit application around the end of June.

The Traveller system gives travel health risks for over 200 countries and 2,500 resorts. Users can produce reports on A4 sheets or labels for customers. The system covers all health risks and takes into account how the individual is travelling.

Pharmacists will now be able to order mosquito nets, water purifiers, sterile medical packs and travel goods for their customers from Traveller Direct, a mail order service.

Traditionally, these items can

be difficult to obtain quickly, says Pro Choice Applications.

Local health authorities have funded Traveller totally for 20 per cent of pharmacists who applied. Pro Choice Applications also suggests that pharmacies provide travel information to local companies, especially those whose executives travel abroad.

Traveller Lite, launched last year, is for independent pharmacies. It gives information on single countries only and produces only label reports.

The company has upgraded Traveller for DOS version 4 to include information on 2,500 resorts, visas, and the Foreign and Commonwealth offices.

Several improvements have been made to the anti-malarial calculator. Users can now deal with families (adults and children in the same group), and choose between manufacturers recommended dosages or BNF guidelines in split or full packs.

# Prepare your customer for food abroad

One in three people in the UK regularly suffer from indigestion, and this figure is likely to increase dramatically during the average summer holiday season.

Holidays expose pharmacy customers to a whole host of new experiences to upset even the most hardy digestive system, such as travelling, change in routine, strange foods, and an abundance of rich food and drink.

There has been an increasing market awareness of the benefits of oral rehydration therapy (ORT). "We believe that the ORT sector will continue to grow. With that in mind, we have put together a comprehensive campaign to ensure that Dioralyte is front of mind for the primary healthcare team, the pharmacist and the consumer," says Rhone-Poulenc Rorer's commercial operations director, Dr Steve Short.

The indigestion market remains one of the most competitive sectors in the OTC market, says Roche, manufacturer of the brand leader, Rennie. The market value for 1995 was \$56 million.

Rennie holds a 31 per cent share of that.

Manufacturers have not stood still. They have taken up the call to arms to make customers aware of the perils and have given them a fighting chance in the war against the symptoms of foreign food.

- Reckitt & Colman has produced point of sale material for both Senokot and Fybogel to educate consumers on how best to treat their condition. In addition, the company is planning a five-week national television advertising campaign for Senokot in May.

An NOP survey has shown that only 16 per cent of constipation sufferers seek to treat their condition. Reckitt & Colman suggests displaying Senokot and Fybogel in the pharmacy on self-select to prevent customer embarrassment.

National TV advertising for new Gavison Advance begins in April.

- Warner Lambert claims that Remegel became the second

## TELFAST 120 ABBREVIATED PRESCRIBING INFORMATION

**Presentations:** Film coated peach coloured tablets containing fexofenadine base equivalent to 120mg of fexofenadine hydrochloride. **Indication:** Relief of symptoms associated with seasonal allergic rhinitis. **Dosage and Administration:** The recommended dose of fexofenadine hydrochloride for adults and children aged 12 years and over is 120mg once daily. The efficacy and safety of fexofenadine hydrochloride has not been studied in children under 12 years. Studies in special risk groups (elderly, renally or hepatically impaired patients) indicate that it is not necessary to adjust the dose of fexofenadine hydrochloride in these patients. **Contra-indications:** Known hypersensitivity to any of the product ingredients. **Precautions:** No special precautions in the elderly, renally impaired or hepatically impaired patients. **Side effects:** In controlled clinical trials the incidence of commonly reported adverse events observed with fexofenadine was similar to that observed with placebo. These adverse effects were headache (9.3%), drowsiness (2.4%), nausea (1.4%) and fatigue (1.2%). **Pregnancy & Lactation:** There is no experience with fexofenadine hydrochloride in pregnant women. Therefore, Telfast is not recommended in pregnant women or for mothers breast feeding their babies. **Legal Category:** POM. **Package Quantities:** Packs of 30 tablets. **Product Licence Number:** PL 4425/0157. **NHS Price:** Tablets: £7.40. **Product Licence Holder:** Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB8 3HP. Further information including a full Summary of Product Characteristics is available from Hoechst Marion Roussel Ltd at the above address. TELFAST is a registered trademark. **Date of preparation:** January 1997

## TRIUDAN/TRIUDAN FORTE/TRIUDAN SUSPENSION ABBREVIATED PRESCRIBING INFORMATION

**Presentations:** Triudan Tablets: Each tablet contains 60mg terfenadine. Triudan Forte Tablets: Each tablet contains 120mg terfenadine. Triudan Suspension: Sugar free suspension containing 30mg terfenadine per 5ml. **Uses:** Antihistamine indicated for symptomatic relief of hay fever, allergic rhinitis and allergic skin conditions. **Dosage and administration:** Adults and children over 12 years: As a single or two divided daily doses. Allergic skin conditions: 120mg daily. Hay fever, allergic rhinitis: Starting dose 60mg daily, increase to 120mg daily if required. Children: Allergic skin conditions, hay fever, allergic rhinitis: 6-12 years: 30mg twice daily. 3-6 years: 15mg twice daily. Do not exceed the maximum recommended dose. **Contra-indications, warnings etc.** **Contra-indications:** Concomitant use with azole antifungals or macrolide antibiotics. Use in patients with significant hepatic dysfunction. Known hypersensitivity to terfenadine or any of the ingredients of the formulation. **Warnings:** QT prolongation and/or ventricular arrhythmias, including torsade de pointes have been reported at doses higher than those recommended and at normal doses in patients whose terfenadine metabolism is impaired by drugs or liver disease (see Contra-indications). If syncope occurs, terfenadine should be discontinued and the patient evaluated for potential arrhythmias. **Precautions:** Terfenadine is not recommended in patients in whom electrolyte imbalance or prolonged QT interval are known or suspected. Concomitant use of terfenadine is not recommended in patients receiving potentially arrhythmogenic drugs and those producing electrolyte imbalance; astemizole. Although evidence is lacking, the risk of arrhythmia might be increased (see Warnings). **Pregnancy and lactation:** Like most medicines, terfenadine should not be used during pregnancy or lactation unless, in the opinion of the physician, the potential benefits outweigh any potential risks. (See full data sheet.) **Side effects:** In controlled clinical studies the incidence of adverse reactions in patients receiving terfenadine was similar to that reported in patients receiving placebo. These adverse reactions included drowsiness, headache, gastrointestinal distress, fatigue, dizziness, dry mouth and skin eruption or itching (including rash and urticaria). Other side effects that have been reported spontaneously during marketing of terfenadine include: anaphylaxis, angioedema, arrhythmias, brachyospasm, confusion, depression, erythema multiforme, galactorrhoea, hair loss or thinning, insomnia, jaundice, liver dysfunction (including transaminase elevations) and rare cases of hepatitis, menstrual disorders (including dysmenorrhoea), musculoskeletal symptoms, nightmares, palpitations, paraesthesia, photosensitivity, prolonged QT interval, seizures, sweating, syncope (see Warnings), thrombocytopenia, tremor, urinary frequency, ventricular tachyarrhythmias, (ventricular tachycardia, ventricular fibrillation and torsade de pointes) and visual disturbances. In objective tests Triudan has been shown to be free from central nervous system side-effects. Reports of drowsiness are extremely rare but it is advisable to check the individual response before driving or performing complicated tasks. **Drug Interactions:** There are recognised interactions with drugs which are potential inhibitors of hepatic metabolism (see Warnings). Use with azole antifungals or macrolide antibiotics is contra-indicated. Pharmacokinetic data indicate that most macrolides inhibit the metabolism of terfenadine. Two studies reported no interaction with concomitant terfenadine and azithromycin at the doses studied. However, because of the chemical similarity of azithromycin to other macrolides, concomitant use is not recommended. Concurrent use of drugs with arrhythmogenic potential or those causing electrolyte imbalance is not recommended (see full data sheet). Terfenadine should not be taken with grapefruit juice because its metabolism may be inhibited. **Pharmaceutical Precautions:** None. **Legal Category:** POM. **Package Quantities:** Triudan Tablets Packs of 60 tablets. Triudan Forte Tablets Packs of 30 tablets. Triudan Suspension 200ml bottle. **Product Licence Numbers:** Triudan Tablets 4425/0024. Triudan Forte Tablets 4425/0091. Triudan Suspension 4425/0057. **Product Licence Holder:** Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB8 3HP. **NHS Price:** Triudan Tablets pack of 60 £5.40. Triudan Forte pack of 30 £5.40. Triudan Suspension 200ml £4.13. **Further information including Product Data Sheet is available from:** Hoechst Marion Roussel Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB8 3HP. Marion, Merrell and Triudan are registered trademarks. **Date of preparation:** January 1997

References: 1. Data on file, TB. 2. Data on file, TB.

Hoechst Marion Roussel

Continued on P30 ►

# THE IMPOSSIBLE CAN HAPPEN

We've improved on Triludan® (terfenadine)



**NEW**  
**Telfast**<sup>120</sup><sup>®</sup>  
fexofenadine 120mg o.d. ▼

a new antihistamine you can believe in  
from the makers of Triludan

Now available on  
prescription, Telfast 120  
offers added confidence to  
you and your patients as it can  
be co-prescribed with  
erythromycin and ketoconazole.

◀ Continued from P28

best-selling indigestion tablet within two years of its launch (Nielsen, November/December, 1996).

A broad spectrum advertising programme will feature customer trials of the product as a central element, supported by in-pharmacy promotions.

Warner Lambert has also produced a 16-page colour booklet, 'The Brits Guide to Eating Abroad', to support Zantac 75. Free copies are available from Faye Newport on 0171 439 7177.

Four out of ten of the UK's 14 million indigestion sufferers do not treat their symptoms, says the company. Nine in ten people who have tried Zantac 75 think it is better than their previous indigestion remedy and the same proportion would buy it again (Taylor Nelson).

● Stafford-Miller's advertising campaign for Settlers Windeze in



**Diocalm will be featured on national radio and in the women's press**

December, featuring its plasticine cartoon character, Alan, led to a tenfold increase in sales, says the manufacturer's product manager, Julie Trickey.

Seven out of 10 pharmacists said Windeze sales were incremental and did not steal sales from the antacids group, she says.

● Johnson & Johnson MSD's new advertising campaign promotes the fact that Pepcid AC is the first OTC indigestion remedy to be licensed for food and drink-associated symptoms of heartburn and indigestion. The advert was initially screened in the Granada and Tyne Tees areas.

The price of a six-tablet pack has dropped from £2.15 to £1.99.

The company has introduced point of sale material to support Pepcid AC Chewable, including giant boxes of the product and consumer information leaflets.

The anti-diarrhoeal Arret will be promoted a few weeks before the main holiday season. J&J MSD says this holiday positioning boosts rate of sale during the summer by 18 per cent.

The anti-diarrhoeal category grew by 11 per cent and was valued at \$15.5m last year, says the company.

● Smithkline Beecham is advertising Tums in a \$650,000 nationwide radio campaign starting in April. SKB produced new packaging for the product last month.

● Whitehall product manager Lorraine King comments: "Bisodol Extra Strong Mints will grow the market by providing a remedy to those who are using extra strong mints to alleviate indigestion unsuccessfully."

"Our company is investing in a programme that will educate consumers about the causes of indigestion."

Research shows that 66 per cent of indigestion sufferers frequently consume extra strong mints, says the company.

● Rhone-Poulenc Rorer plans to support Dioralyte with advertising in the consumer and parent-craft press. RPR has been mak-



**Sales of Arret up 18 per cent in '96**

ing merchandising recommendations to pharmacists during March and April, when rotavirus was more prevalent.

Last year, the value of oral rehydration therapy sales was \$9.7m (Nielsen 1996). Dioralyte is the market leader with a 70 per cent share value, says the manufacturer. A new pharmacy information pack will be made available to pharmacists.

● Bayer is planning advertising support for Alka-Seltzer over the holiday season. Product manager Nick Wall says pharmacists should be aware that almost half of consumers surveyed liked lemon-flavoured remedies best.

● Windsor Healthcare has produced a recipe book, 'The Keep Fit with Fibre Booklet', to promote Dulco-lax. Pharmacists wishing to obtain a copy should send an A5 SAE to: Keep Fit with Fibre/Summer Offer, Windsor Healthcare, Ellesfield Avenue, Bracknell, Berkshire RG12 8YS.

● A multi-media programme of advertising is responsible for Diocalm Ultra's 45 per cent growth, says Seton Healthcare.

Seton is planning a \$3-\$4m summer consumer promotional campaign for Diocalm on national radio and in the women's press. It has also produced its own summer leaflet with a useful holiday checklist.

# Summer Fever - day and night

**T**here is a new way for pharmacists to anticipate sales of hayfever products. The charity National Asthma Campaign is launching a pollen line (0171 971 0444) to provide up to date, national and regional pollen forecasts from April 28. The charity is also sponsoring the British Pollen Network's forecast.

The NAC pollen line, a 24-hour recorded forecast which is updated daily, aims to provide callers with the information they need to help them adapt their activities and treatment.

The pollen line launch coincides with the introduction of NAC's newly-revised free hayfever booklet, which can be ordered on the pollen line.

The hayfever season may hit sufferers three weeks earlier than usual this year due to the unusually high March temperatures, reports the Pollen Research Unit.

The total hayfever treatment market is worth \$28 million and grew by 4 per cent last season, according to Warner Lambert, which predicts growth of 10 per cent for this year.

A survey has shown that at least 27 per cent of sufferers do not treat their symptoms at all and 41 per cent are going to the GP for a prescription. Antihistamine tablets are the preferred hayfever treatment prescribed by GPs and recommended by pharmacists, with a 60 per cent share of the hayfever category.

The Royal Pharmaceutical Society's Council has advised pharmacists to review antihistamine protocols in the light of discussions on the safety of non-sedating antihistamines, and the cardiotoxicity of terfenadine.

Norton Consumer has dropped

Continued on P32 ▶

**Gaviscon Advance on TV**



**New POS from Fybogel**



**ORT pharmacy information pack from Dioralyte**



**Beconase is a first-line treatment for moderate to severe hayfever**

£2M  
PRESS, POSTER  
AND REGIONAL  
TV CAMPAIGN

Back to normal  
Gets hayfever sufferers

Sufferers can't buy a faster, more effective treatment. Clarityn Allergy's threefold action<sup>1,2,3</sup> relieves the eye, nose and throat symptoms of hayfever within minutes.<sup>4</sup> What's more, Clarityn Allergy won't make them drowsy<sup>5</sup> or interact with alcohol.<sup>6</sup>

Even more important is the fact that you can't recommend a safer antihistamine. Clarityn Allergy does not have the cardiotoxicity associated with terfenadine or astemizole,<sup>7</sup> and can be recommended with confidence.<sup>8</sup>

With this reassuring safety profile, it'll come as no surprise that Clarityn Allergy Syrup is now available OTC for children as young as two years old.

**Clarityn Allergy — you can't recommend a safer antihistamine**



**Abbreviated product information**

**Clarityn Allergy** Clarityn Allergy tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. **Indications:** For the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. **Children aged 2 to 12 years:** For the symptomatic treatment of hayfever and allergic skin conditions such as urticaria. **Dosage:** Adults and children aged 12 and over: one tablet once daily or two 5ml spoons of syrup once daily. **Children aged 2 to 12 years:** Bodyweight < 30kg — one 5ml spoon of syrup once daily. Bodyweight > 30kg — two 5ml spoons of syrup once daily. **Contra-indications, precautions:** Hypersensitivity, pregnancy and lactation. Use in children under 2 years. **Side effects:** Rarely, fatigue, nausea and headache, alopecia, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias. Tachycardia and syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 3A4 and 2D6 metabolic pathways may result in elevated plasma levels of loratadine or the concomitant medication. **Pack size:** Cartons of 7 tablets. Bottles of 50ml Syrup. **Retail price:** Tablets £4.25; Syrup £6.99. **Legal category:** [P] **Product licence number:** Tablets 0201/0175; Syrup 0201/0173. **Product licence holder:** Schering-Plough Ltd., Shire Park, Welwyn Garden City AL7 1TW. **Date of revision:** January 1997. **References** 1. Barnett A. *et al.*, Agents Actions, 1984; 14: 590-597. 2. Staquet M.J. *et al.*, Amer. Acad. All. Immunol., 1995; in press: Abstract. 3. Dugas B. *et al.*, J. All. Clin. Immunol., 1994; 93: Abstract. 4. Soto Roman L. Today's Ther. Trends 1988; 6: 19-27. 5. Betts T. *et al.*, Proc. XIII Int. Congr. Allergol. and Clin. Immunol., Montreux 1988: 74-79. 6. Moser L. *et al.*, Eur. Acad. of Allergol. and Clin. Immunol., Budapest, May 1986; Abstract. 7. Botstein P., Am. J. Cardiol. 1993; 72: 50B-Z. 8. Hara *et al.*, Drugs 1994; 48(4): 617-637.

**SCHERING-PLOUGH**  
CONSUMER HEALTH

◀ Continued from P30

Terfenor (terfenadine) from its new 'Pollenbusters' range as a result of the concerns.

OTC companies are trying a number of new ways in which to attract you and your customers:



Claritin: 35 per cent POR



Rhinolast Hayfever is the first antihistamine nasal spray available OTC



I-Doc half-price introductory offer

● Warner Lambert's Becanase Hayfever is the brand leader in London and the Midlands and the product most recommended by pharmacists and pharmacy assistants, says the company.

It has a market share of 22 per cent (Nielsen 1996) and achieved a 25 per cent increase in sales year on year last season.

The company is spending over £1.8m to support Becanase Hayfever this year.

● Schering Plough is promoting Claritin with pharmacy competitions, trade advertising and window display units, and offering 35 per cent POR.

● Stafford-Miller product manager Julie Trickey explains that in the summer season, sales of Piriton Allergy rise by approximately ten times.

The company is advertising Piriton Allergy in the trade and consumer press. The new adverts emphasise that the product is for allergies all year round, not just in summer.

A selection of POS material and seasonal deals will be available from representatives.

● Mentholatum is spending \$500,000 in a national press trade and consumer campaign for I-Doc. The company has an introductory half-price offer for pharmacists, as well as a bonus discount and point of sale material.

● Panpharma has brought out Rhinolast Hayfever, the first antihistamine nasal spray to be made available OTC. The manufacturer conducted a survey showing six in ten patients wish they could alleviate nasal symptoms more effectively than at present.

It provides long-lasting relief from all the main symptoms of hayfever in just 15 minutes, says Panpharma.

● UCB Pharma will be broadcasting its 'Fight back against hayfever' campaign on radio stations nationwide. The campaign will reinforce the fact that there have been no reported interactions with Zirtek.

The company has prepared a support package, including display material and hayfever leaflet counter dispensers.

● Norton Consumer is promoting its 'Pollenbuster' range of hayfever products with point of sale display material and leaflets. The 'Pollenbusters' theme was chosen to show that Norton Consumer offers a selection of medicines for all hayfever symptoms.

The range offers customers savings of up to 25 per cent on the proprietary equivalent, and profits begin at 40 per cent, says the company.

● Johnson & Johnson MSD is offering pharmacists bonus deals on both Pollon-eze and His-manal this summer.

● Ciba Vision is supporting Otrivine Antistin eye drops with a consumer hayfever education programme to encourage parents of young hayfever sufferers to seek advice from their community pharmacist.



Norton's Pollenbusters

## Antihistamine tablets (mild symptoms)

Generic	Contra-indications	Drug interactions	Possible side-effects
Chlorpheniramine	PL aH MAOI	Alcohol, sedatives, MAOI, phenytoin	Drowsiness, dry mouth
Astemizole	PL aH HEP QT	Erythromycin, ketuconazole, itraconazole, miconazole, anti-arrhythmics, neuroleptics, tricyclic antidepressants, terfenadine	Cardiac arrhythmias, non-sedating in most people
Cetirizine	PL aH R	—	Non-sedating in most people
Loratidine	PL aH	Erythromycin, ketuconazole, cimetidine	Tachycardia, syncope, non-sedating in most people
Terfenadine	PL aH HEP QT	As for astemizole	Cardiac arrhythmias, non-sedating in most people

## Anti-inflammatory nasal sprays (moderate to severe symptoms)

Sodium cromoglycate	Caution in PL BKC	—	Nasal irritation, rarely wheezing. May contain decongestant – unsuitable for prolonged use
Beclomethasone Dipropionate	PL BKC	—	Nasal irritation, minor epistaxis
Flunisolide	PL BKC	—	Nasal irritation, minor epistaxis
<b>Eye drops</b>			
Sodium cromoglycate	CL BKC	—	May sting, cause headaches, blurred vision
Xylometazoline, Antazoline	CL glaucoma BKC MAOI	—	May sting, cause headaches, blurred vision

Key: **PL** pregnancy/lactation; **aH** hypersensitivity to antihistamines; **MAOI** monoamine oxidase inhibitors; **BKC** benzalkonium chloride hypersensitivity; **CL** contact lenses; **QT** prolonged QT interval on ECG; **HEP** liver dysfunction; **R** renal dysfunction  
(British Society for Allergy and Clinical Immunology)

## Hayfever Remedies Table

Total GB MAT: Moving Annual Total value sales

Category	52 weeks ending January 26, 1997 (£m)	% change
<b>Hayfever remedies</b>	<b>36.18</b>	<b>3</b>
<b>Oral</b>	<b>23.40</b>	<b>-4</b>
Triludan	3.71	-18
Piriton	3.64	4
Triludan Forte	2.79	-12
Clarityn	2.62	25
Phenergan	1.47	-5
Zirtek	1.18	27
Aller-eze Plus	0.94	-2
Pollon-eze	0.74	-18
Aller-eze	0.62	-25
Dimotapp	0.42	-1
<b>Nasal sprays</b>	<b>7.19</b>	<b>45</b>
Beconase Hayfever	6.01	51
Syntaris	0.66	91
Resiston One	0.44	-21
<b>Eye drops</b>	<b>5.59</b>	<b>-1</b>
Opticrom	2.90	19
Otrivine Antistin	0.98	-3
Optrex	0.92	2
Clariteyes	0.16	-44
Broleze	0.11	-80

(IRI Infoscan 1997)



Aller-eze Plus from Novartis

Advertising will appear in women's and teenagers' magazines, local newspapers and on the radio. Pharmacy assistants have the chance to win a \$1,000 holiday by answering a few simple hayfever questions.

The company is also running competitions and distributing a free 'pollen protection plan' in the sporting press.

● Aller-eze Plus has an 18 per cent share of the antihistamine tablet market, according to Novartis Consumer Health.

● Rhone-Poulenc Rorer says the prospects for eye drops are excellent. Currently, only 9 per cent of hayfever patients use eye drops, while 75 per cent require an eye treatment, the firm says.

Opticrom continues to dominate the eye care segment of the market with a 71 per cent volume

share (Nielsen J/A 1996) and achieved a 1996 growth rate of 51 per cent.

RPR's commercial operations director, Steve Short, says there will be consumer and pharmacy campaigns this summer. This includes advertising in the national press, plus regional radio advertising.

Pharmacies will be given information to advise customers on available treatments. Opticrom will be featured in an eye care counselling pack and a pharmacy-specific promotion.

● Pharmax is supporting its Haymine brand in pharmacies with a range of point of sale material and counter units which promote the product's twofold antihistamine and decongestant action. Counter units (10 x 10s, \$9.99) offer 54 per cent POR.

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Nucare, the buying group, looks set to have its 'big bang' this year. Having worked hard over the past three years to build up numbers, the group is preparing various initiatives to increase its power. **Guy L'Aimable** reports from Nucare's annual convention in Hinckley, Leicestershire

# Nucare aims for 2,000 members by year 2000

Nucare aims to recruit 300 more members this year, which should lift its total to 1,300, with a target of 2,000 by 2000.

It has grown steadily since February, 1994, when it was launched with 170 trading members, most of whom were concentrated around the M25 ring road in London. Nucare's members are now located throughout England and Wales. Its fastest-growing recruitment areas are Wales, the Midlands and north England.

The buying group will move its headquarters to 2,500sq ft offices in Harrow in July to cope with its expansion. The offices, four times the size of its current premises in Harrow, will have 12 staff and a new marketing manager. Mahesh Shah, a Nucare director, says the new marketing manager, who could not be

named as *C&D* went to press because he has not yet formally joined the company, has extensive experience in industry, including the pharmaceutical sector.

Despite the success of buying groups like Nucare and Numark, Veni Harania, Nucare's managing director, admits that many community pharmacists still have in-built reservations about joining them.

"Independents still like to consider themselves independent and it takes a lot to persuade them to join a [buying] group."

Many pharmaceutical manufacturers and wholesalers are merging to become 'leaner organisations', and, he adds, "community pharmacies should do the same".

Mr Shah says today's retailing environment makes it increas-

ingly hard to operate 'alone'. "Retailing is a very competitive field. About 10-20 years ago, you could operate as a retailer and still get reasonable margins. It's not like that today - by operating with a buying group your rewards are much bigger."

The average Nucare member has increased his profits by \$5,000, he says, while those who support the group "to the hilt" have made more than \$10,000.

Pharmacists also need to concentrate less on their purchasing activities, such as getting the best discounts from wholesalers, and more on the services they can offer customers. Mr Shah says Nucare is encouraging its members to pay more attention to merchandising and marketing their stocks better.

The group is working closely with AAH Pharmaceuticals to

ensure its members benefit from the synergies that the new group achieves.

David Taylor, AAH's managing director, says purchasing is the most obvious synergy [AAH recently announced that it was combining the Lloyds/AAH buying teams, headed by Colin Wilson]. "Lloyds had a particular style of purchasing that we wanted to change slightly," he says. By enhancing the new group's purchasing power, he adds, AAH/Lloyds will be better able to provide exclusive Nucare promotions. In addition, it can pass on to Nucare the merchandising lessons it has learnt from dealing with more than 1,200 pharmacies.



**Veni Harania, managing director of Nucare:** "Community pharmacists still have reservations about joining a buying group"

## Group to launch merchandising scheme this year

Nucare intends to launch a merchandising scheme by the end of the year.

The buying group is working with shopfitters to sort out the package, which could include a 'Nucare fascia'.

Mahesh Shah, a Nucare director, says it wants to project the company's identity among its members. The group, he feels, could offer two types of fascias. "We could have the traditional pharmacy as a choice of over the counter and ethical, or a primary pharmacy specialising in NHS dispensing. We're trying to find out what other categories there could be within the [Nucare] classification," he explains.

Some pharmacists, he says, could benefit more from a convenience store-type layout.

## Switching on to 'plastic' banking

Nucare will be offering its members banking services in July, following negotiations with the Natwest and Midland banks.

These include special rates to install credit card facilities. Mahesh Shah, a Nucare director, says community pharmacists cannot ignore the popularity of

'plastic money'. "It's undeniable that most people like to buy their products with credit cards, or Switch, because they're more convenient."

He concedes that pharmacists have traditionally been reluctant to take up credit card/Switch facilities, but stresses that the

company has bided its time to offer a package that suits them. Research, he says, suggests that it makes financial sense to give customers this choice. Customers paying through credit cards spend about \$18 on average, and about \$16 through Switch.

## Training programme focuses on business

Nucare is looking to introduce a management training programme whose format will be different from that offered by Numark.

The buying group is talking with manufacturers that could support its programme, which could be introduced by the end of the year.

Mahesh Shah, a Nucare director, says the programme will

focus on business issues rather than pharmacy matters.

Meanwhile, the group is looking at how its members could benefit from information technology. It could update its systems hardware to improve communication between its head office and its members. The group also aims to appoint an IT manager to supervise this area. "We'll want to decide whether

Internet or Intranet is more important for us," says Mr Shah.

David Taylor, AAH's managing director, says it is examining how it could develop its IT to benefit Nucare and other community pharmacies. Nucare and AAH need to work together to set up a database that would benefit both parties. "It's the way the business is going and we must not be left behind," he says.

# Gehe sells final depots

Gehe has satisfied the legal grounds for acquiring Lloyds Chemists by selling six Daniels' depots to Philip Harris Medical and George Foster.

Following last year's Monopolies and Mergers Commission's ruling, Gehe had to sell seven depots if it won its battle for Lloyds. It recently sold the first, based in Belfast, to United Drug.

Gehe had until last Friday, three months after it acquired Lloyds, to sell the remaining six. David Taylor, AAI Pharmaceuticals' managing director, says it concluded all the negotiations at 7.30am on Thursday.

Philip Harris Medical will pay up to \$2.85 million for three facilities in Coulsdon, York and Cambridge. The amount comprises a consideration of \$325,000, plus fixed assets estimated at about \$225,000, and stock valued at approximately \$2.3m.

The depots' profits, after branch costs, are estimated at \$185,000 for the year to June 30. Their fixed assets have a net book value of \$361,000.

David Linney, Philip Harris Medical division's chairman and chief executive, says he is

delighted with its acquisition. "It is in line with the strategic objectives we set ourselves over the next three years - to enhance and expand our services in East Anglia and south east England, and it enables us to expand into north east England, where we didn't have a presence."

Philip Harris is examining how it can exploit the depots' full potential. "We need to look at them closely - we'd envisage using the enhanced distribution ability to develop some of our existing business, such as rehabilitation, medical equipment and OTC. And it [the acquisition] will help our occupational health division," says Mr Linney.

The company will not take over the facilities until May 30. "That's because we need to install computer systems which will ensure a smooth, clean takeover, as far as our customers are concerned," Gehe will run them until then.

George Foster has acquired Daniels' depots in Glasgow, Derby and Carlisle for an undisclosed sum.

Ray Roberts, a director at George Foster, says they will give

the company more power. "It's a very exciting opportunity to develop our business. Geographically, we'll have good businesses in areas where we weren't operating before," he says.

Foster will rename the Glasgow depot Fosters Hamiltons, while the Derby warehouse will be called Fosters Daniels.

Mr Roberts says it is too early to discuss its plans for Carlisle. He would not comment on a rumour that Foster will close it and keep its customers' lists.

But he admits the depot faces tough competition from the Penrith-based Border Chemists Alliance, a full-line wholesaler whose deliveries range from Scotland to the Border regions. "Obviously the BCA is an established entity there [in Carlisle] and it is an important force in that area," he says.

Although Foster is examining the depots' computer systems, it cannot confirm whether it will install new ones. Nor can it reveal what it intends to do with their staffs.

Gehe will run the depots until June 1, when it formally hands them over.

## Fujifilm offer

Fujifilm is offering a year's free membership with the Photo Marketing Association to members of its Fujifilm Image Service programme.

## Zeneca severance payment

Zeneca will make a severance payment of \$5 million (£3m) to Bernard Salick, founder and chairman of Salick Healthcare, the US company Zeneca acquired fully earlier this month.

## RQ Direct mini catalogue

RQ Direct, a subsidiary of retail equipment specialist CIL, has launched RQ Selection, a 20-page mini catalogue featuring new products, special offers and recommendations for established products. The publication also offers customers a 10 per cent discount on shopfitting, installation and design orders. Contact the RQ hotline for free copies: 0800 614 430.

## Sun tan lotion sales up

Last month's unusually sunny weather led to excellent sales of sun preparations and sunglasses, according to the British Retail Consortium. Cosmetics and perfume brands also performed well.

## Drug companies earn Queen's Awards

Pharmaceutical companies have fought off fierce competition to earn Queen's Awards for Industry. These are given to companies which have performed well in one of three categories: export, technological achievement or environmental achievement.

Novartis Grimsby, Pfizer, Shield Diagnostics Group and Randox Laboratories were all recognised for their export records.

Novartis Grimsby, which sells more than 90 per cent of its production abroad, has won its second export award. The company's sales last year rose more than \$50 million to \$151m, compared with 1995.

Pfizer, meanwhile, has won its fourth award since 1979. Last

year, the company's exports were worth \$160m. And three of its top drugs - fluconazole, amlodipine and doxazosin - earned royalties of \$187m, up 76 per cent on those of 1995.

Shield Diagnostics, which produces in vitro medical diagnostic kits for a range of diseases, increased its exports by 27 per cent last year. Europe accounted for nearly 40 per cent.

Novocastra Laboratories, based in Newcastle upon Tyne, has won its second award in a row. The company manufactures monoclonal antibodies (MaBs), proteins that have a precise affinity with other proteins. The company exports 95 per cent of its production - the US is its biggest market.

Northern Ireland-based Randox Laboratories supplies diagnostic tests, such as those for blood cholesterol, containing its own purification technology.

Amersham Life Science, a biotech company that specialises in solid phase scintillation assay technology, earned recognition for technological achievement; as did Zeneca Lifescience Molecules for creating and commercialising a biotransformation process to produce S-2-chloro-propanoic acid.



Pfizer's manufacturing and research operation in Kent has earned the company its fourth Queen's Award



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# Patient pack roll-out confusion

Regulations on the dispensing of patient packs are due to be rolled out in September, according to the Association of the British Pharmaceutical Industry.

It admits there are still a "few little details to be sorted out", but stresses it is "90 per cent" certain the roll-out will begin that month.

The rules governing the packs, it adds, which have been a major stumbling block over the past two years, have been largely sorted out. A revised schedule has been agreed with the DoH.

However, other parties involved in the patient pack discussions disagree with the ABPI's prognosis.

Dr Gordon Geddes, assistant secretary of the Pharmaceutical Services Negotiating Committee, says no one has yet agreed on the dispensing and reimbursement rules for patient packs. "I'm not aware of a September date. Patient packs are available now, but there are still outstanding matters to be covered. It's not possible to introduce patient

packs by that date," he says.

The DoH denies the roll-out has a fixed timetable. The patient pack scheme, it says, is still in its consultation period. "Ministers have endorsed a broad timetable for the full implementation of the move to patient packs, which has now begun. The exact timing of the changes depends on resolving the numerous important practical issues with all the parties and making all the necessary preparations, including legislative changes," it says.

## Fenton acquires Delph sun care brand

Fenton Pharmaceuticals has acquired Delph, a sun and skin care brand, from Miners International for an undisclosed sum.

Delph is claimed to have a 23 per cent share of the budget sun preparation market. Its sale will allow Miners to concentrate on its cosmetics business.

Fenton currently markets Lotil cream for dry skin and Frador, a treatment for mouth ulcers.

Graham Hill, Fenton's managing director, denies the acquisition is a radical move. "It's not a huge switch, if you look at what

our products are. With Delph, we've got something that's been backed by \$60,000 of research to show its efficacy. It does what other [sun care] brands do, but at a fraction of the price," he explains.

Delph, he adds, also complements his company's other brands.

The sun care range will continue to be distributed by Edinburgh-based M&S Toiletries. Any pharmacists with enquiries should contact Fenton on 0171 224 1388.

## Strong pound hits SB quarterly sales

Sterling's strength in currency markets has again affected Smithkline Beecham's pre-tax profits, which grew 8 per cent to \$418 million for the first quarter, compared with its results during the same period last year. Excluding currency fluctuations, SB's pre-tax profits would have grown 19 per cent to \$459m.

Taking into account these fluctuations, the group's sales fell 2 per cent to \$1.84 billion.

Its sales growth was also affected by an operational change at a US subsidiary, called Diversified Pharmaceutical Services, which works in the pharmaceutical benefit management sector.

Excluding currency rates, SB's pharmaceutical sales rose 4 per cent to \$1.096bn, while its trading profit grew 17 per cent to \$365m.

## Anti-RPM moves in both Germany and the Netherlands

Moves to abolish Resale Price Maintenance are also occurring in the Netherlands and Germany, according to a report by analyst James Dudley International.

"OTC Distribution in Europe, an Analysis of Structure, Changes and Trends", says the removal of RPM would threaten margins on products accounting for one-third of German pharmacies' turnover.

A major PR campaign is being organised by the Federation of the Association of German Pharmacists to counter the threat.

Dutch pharmacists currently agree to sell OTC brands at manufacturers' recommended prices. They are not compelled to do so (RPM was abolished in 1994).

The James Dudley International report is priced at \$1,295. Tel: 01494 525385.

## Stockpiling lowers Astra profits

Astra's first quarter profits rose 1 per cent to SEK3,455 million, much lower than expected, because patients and wholesalers in various European countries stockpiled its drugs towards the end of last year.

The stockpiling problem was worse in Sweden, due to an increase in prescription fees.

Astra says the inventory build-up knocked SEK400m off its first-quarter sales.

The company's share value in Sweden fell more than 7 per cent after it announced its results. The price of its A shares, which are the type usually traded on the Swedish market, fell SEK22 to SEK320.50.

Sales rose 9 per cent to SEK10,133m during the first quarter, compared with those for the same period last year.

Losec, Astra's best-selling drug, saw its sales grow 14 per cent to SEK4,797m, while Pulmicort's rose 7 per cent to SEK1,205m.

## Novartis sales impress Swiss stock market

Novartis sales grew 22 per cent to Sfr8,176 billion for the first quarter, compared with the combined sales of Ciba and Sandoz during the same period last year.

The group's pharmaceutical division, buoyed by a strong performance in the US, lifted its sales by 30 per cent to Sfr3,389bn (14 per cent in local currencies).

Sales of Lescol rose 94 per cent in local currencies, those of Lamisil leapt 92 per cent and Miacalcic's sales grew 45 per cent.

Novartis' relatively new products also impressed market observers. Aredia, its anti-cancer drug, saw its sales rise 103 per cent, while Foradil, an anti-asthma brand, grew 73 per cent.

The group's registered shares rose 3 per cent to Sfr1,835 after its results were announced.

Raymond Breu, Novartis' chief financial officer, says the company is unlikely to maintain the first quarter's high growth rates throughout the year. But its growth during the year will still be "very strong".

Novartis' consumer health division increased its sales by 10 per cent to Sfr421 million, but that represented a drop of 3 per cent in local currencies. The group blamed the drop on various European governments, which are seeking to curb healthcare costs by prescribing fewer OTC drugs.

However, Novartis says its flagship OTC brand, Maalox, enjoyed good growth, as did Triaminic and Theraflu/Neocitran.

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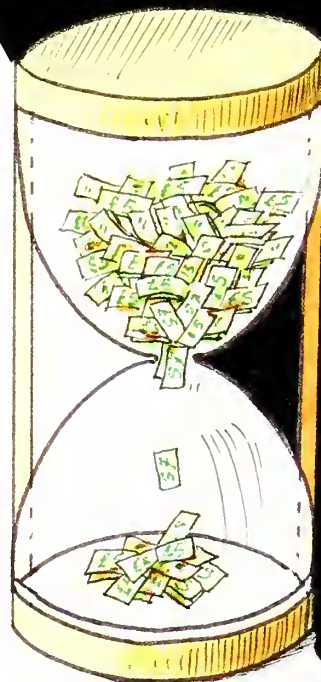
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# Kicking off with pharmacy



**John Plant** talks to Meka Nwajiobi, pharmacist and ex-professional footballer, who played for Luton Town from 1983 to 1987, and for his country, Nigeria

How many pharmacists have you met who have played international football?

Pharmacist Meka Nwajiobi was on the books of Luton Town for four years and turned out for Nigeria several times in the course of his footballing career.

Meka grew up in Catford, London, after coming to the UK in 1970. His father encouraged him to study before pursuing his aim of being a professional sportsman, which he did.

He graduated from UWIST, Cardiff, in 1982 and did his pre-registration year at R Gordon Drummond's in Pontypridd, after which he moved to a branch in Dursley, Gloucestershire.

It was a difficult time for him

as to achieve his goal he needed time to practise and play. He decided that he could not balance the two commitments and left to do locums and play football in London.

Meka's rise through the footballing ranks was a natural progression. He played for England schoolboys, UWIST, Welsh Universities and British Universities.

His introduction to the next rung on the ladder, the professional game, came rather unexpectedly in November, 1983. A colleague and friend, Luciano Marsiello, who was playing professionally, called Dulwich Hamlet FC in south east London to see whether the club would be interested in Meka.

He was offered a game that Saturday, but, as he was unsure of his fitness, he went along to watch instead.

The following Tuesday, after persistent encouragement from his friend, he played for Dulwich against Barking. Dulwich won 3-1, with Meka scoring two goals.

Present at the game were



**Meka Nwajiobi: pharmacist (left) and footballer (above right)**

scouts from West Ham, Tottenham and Luton. Luton's manager, David Pleat, turned up to watch his next game. Mr Pleat hid behind the goalposts in disguise, says Meka. But he was obviously impressed as, on December 5, 1983, the player signed for the club. Within three weeks, he was in the first team.

Injuries soon hampered his promising career. In November, 1984, he damaged his foot in a match against Manchester City. He recovered from this sufficiently to continue playing, but sustained another injury – to his ankle – in December, 1985.

This finally ended his involvement in the game at the end of 1987. Fortunately, he was able to make good use of the spare time he had to keep his hand in with locum work. This made his return to full-time pharmacy work slightly easier.

Today, he runs Meka Locums, an up and coming agency, and is a locum pharmacist himself, doing the odd stint for multiples and for an independent pharmacy, Health First, in London.

Reflecting on his sporting past, Meka says his most memorable game was a World Cup qualifier against Tunisia at his home ground in Lagos, Nigeria, in 1985. The national stadium was packed with 120,000 people and the atmosphere was amazing.

"You cannot compare playing league football with playing for your country – it is the highest accolade for a player. It makes you feel so proud," he says.

Large crowds are a mixed blessing. Some players take to the international stage immediately, whereas others take a couple of games to get into their stride. "Big crowds do not automatically improve your performance," he says.

For a brief spell, he acted as Nigeria's national team coach. This happened by chance when the existing incumbent fell ill on tour in 1985, and Meka stepped into the breach.

He would not like to take on such a role on a permanent basis as he thinks that there is too much external pressure on coaches, with too many people trying to tell them how to do their job.

"I'm an old man now," says 37-year-old Meka, jokingly, when asked if he still plays. He has done a bit of coaching since he gave up, spending time with a local north London club and a team of youngsters in Luton.

He believes that African players have more technical ability than their British counterparts, but that they lack organisation.

Africans are great when moving forward in attack, and the British are best when defending as a unit, he says.

He admires the way in which England's 1996 European squad stuck together. "Venables' team played as a unit and died as a unit, and that was good," says Meka.

But Gareth Southgate should never have taken the infamous penalty that lost England its place in the 1996 European Championship semi-final at Wembley, he believes. "They made an error in making him take it. They had enough regular penalty-takers."

Meka lists his favourite players as George Best, Pele, Johann Cruyff, Franz Beckenbauer, Maradona, Bobby Charlton, Rudi Gullit and Bobby Moore. He thinks that, among this star-studded collection, Pele stands out as the best.

To old fans of Luton Town, he passes on this message: "I'm alive, healthy and still kicking. I hope we'll meet up in Luton some day."

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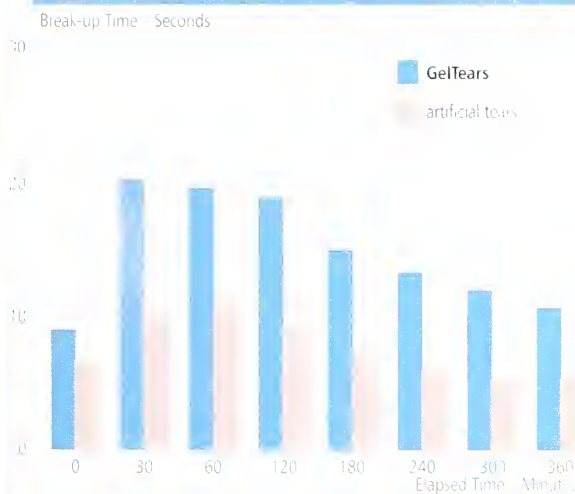
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**Date of Preparation:** August 1996

**Reference:** 1. Marguardt R, Chitt J (1986). Corneal Contact Time of Artificial Tear Solutions. *Klin. Mbl. Augenheilk.* **189**: 254-257.

2. Menneret R *et al* (1988). Dry Eye Syndrome: a New Life for the product. *Ann. d'Ophtalmologie et de l'oeil* **119**: 12, 13, 14, 24.

3. MIMS, January 1997.

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